State of New Jersey

Name ___

OWNERSHIP DISCLOSURE FORM

	City & State					
corporation or partne holders of 10% or mo	ddresses of all individuals, prship named in item1. If a life interest in that corporation or more interest in your contorn of form.	isted owner is a or partnership.	corporation or partner If additional space is n	rship, then list the i	names and addr	esses of
NAME	ADDRESS:	Street	City/Twp	County	State	Zip
				•		
President of the firm (Type or print name)		Phone				
Loortify that						
I certify that:	List of stockholde is current and cor		addresses has been t of my knowledge, wi			
	☐ The list of stockho	olders above is	current and correct t	o the best of my k	nowledge.	
	There are no stoo of my knowledge.		ng 10% or more inter	rest in the corpora	ation or firm to t	the best
	Firm is a sole own	nership and no	t subject to corporation	on or partnership o	lisclosure requi	rement.
Signature of Authorized	Representative					
Type or Print Name			Title			
Witnessed by			Date			