EXHIBIT B



State of New Jersey

OWNERSHIP DISCLOSURE FORM

			Name Address City & State			
List the names and addresses of all individuals, partnerships, corporations or any other owner having 10% or greater interest in the corporation or partnership listed above. If a listed owner is a corporation or partnership, then list the names and addresses of holders of 10% or more interest in that corporation or partnership. If additional space is necessary, list on an attached sheet. If there are no owners with 10% or more interest in your company, enter "None" below. Complete affidavit at bottom of form.						
NAME	ADDRESS:	Street	City/Twp	County	State	Zip
						
						
President of the firm (Type or print name)			Phone			
L cortify that:						
I certify that:			addresses has been t of my knowledge, w			
	☐ The list of stockh	olders above is	current and correct t	to the best of my k	knowledge.	
	☐ There are no stoo of my knowledge		ing 10% or more inte	rest in the corpora	ation or firm to	the best
	☐ Firm is a sole ow	nership and no	t subject to corporation	on or partnership	disclosure requi	rement.
Signature of Authorized	Representative					
Type or Print Name			Title			
Witnessed by			Data			