## **EXHIBIT B**



## State of New Jersey

## OWNERSHIP DISCLOSURE FORM

	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
D :1 1 6 11 6	/ <del>T</del>					
President of the firm	n (Type or print name)		Phone			
I certify that:						
Toorday that.			addresses has been of my knowledge, wi			
	☐ The list of stockho	lders above is	current and correct t	o the best of my k	nowledge.	
	☐ There are no stoc of my knowledge.	kholders holdir	ng 10% or more inter	rest in the corpora	ation or firm to t	he best
	☐ Firm is a sole own	ership and not	subject to corporation	on or partnership o	disclosure requi	rement.
Signature of Authorized	Representative					
Type or Print Name			Title			
Witnessed by			Date			