State of New Jersey

OWNERSHIP DISCLOSURE FORM

			Name Address City & State			
corporation or partne holders of 10% or mo	addresses of all individuals, prship named in item1. If a sure interest in that corporation of or more interest in your contour of form.	listed owner is a n or partnership.	a corporation or partne If additional space is r	rship, then list the i	names and addr	esses of
NAME	ADDRESS:	Street	City/Twp	County	State	Zip
						<u></u> .
						
President of the firm	(Type or print name)		Phone			
I certify that:			addresses has been t of my knowledge, w			
	☐ The list of stockh	olders above is	current and correct t	o the best of my k	nowledge.	
	There are no stor of my knowledge		ng 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 o	lisclosure requi	rement.
Signature of Authorized	Representative					
Type or Print Name			Title			
Witnessed by			Date			