



DISCLOSURE FORM

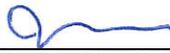
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Related Files PRAP18-029	
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DISCLOSURE FORM	Project Title: <u>Sonoma Patient Group, Inc.</u> (Include site address) <u>2425 Cleveland Avenue # 175, Santa Rosa, CA 95403</u>	
	Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.	
	Individuals: Identify all individuals Partnerships: Identify all general and limited partners Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed). LLCs: Identify all members, managers, partners, officers and directors. Trusts: Identify all trustees and beneficiaries. Option Holders: Identify all holders of options on the real property.	
	Full Name:	Address:
	John Sugg, Jr.	1900 Neotomas Avenue, Santa Rosa, CA 95405
	Julia Mathieson	2425 Cleveland Avenue # 175, Santa Rosa, CA 95403
	Leanne Nakashima	2425 Cleveland Avenue # 175, Santa Rosa, CA 95403
	Nicole Williams	2425 Cleveland Avenue # 175, Santa Rosa, CA 95403
	Fred Ginn	200 W. College Avenue, Santa Rosa, CA 95401
In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
Full Name:	Address:	
Ray Willett	17189 Vailetti Drive, Sonoma CA 95476	
Jeff Warner	1011 2nd Street, Suite 201, Santa Rosa, CA 95404	

Additional names and addresses attached: Yes No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.	
I certify that the above information is true and correct: <u></u>	<u>4/16/18</u>
Applicant	Date