

DISCLOSURE FORM

(Form 3 of 5)

Project Title: MD Senoir Wellness Living LLC

(Include site address)

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.

Identify all individuals 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.

Identify all trustees and beneficiaries. Trusts:

Option Holders: Identify all holders of options on the real property.

Full Name:	Address	:					
Raj Kalra	425	1st	Street	# 1306	San	Francisco	. CF
Raj Kalra Nisha Kalra	425	1st	street	#1306	Sah	Francisco	, (1
				,			
In addition, please identify the na	ame of each civil en	gineer, a	rchitect, and	consultant for t	he projec	et.	
Full Name:	Address				p. 0,00		
ArchiLOGIX	427 Mendocino Ave. Suite 150, Santa Rosa, CA 95401						
				A STATE OF THE STA			
Additio	nal names and a	ddraecae	attached:	□ Yes □	No		
Addition	mai names and a	uuresses	attacheu.	D 165 D	INO		
The above information shall be	promptly updated b	y the app	olicant to refl	ect any change	e that occ	curs prior to final a	ction.
		10	11 1	1.6.		07/27/	73
I certify that the above information	on is true and corre	ct:	Applie	cant		Date	_