

# DISCLOSURE FORM

Please Type or Print

File No.	Quad.
Related Files	
<b>DEPARTMENT USE ONLY</b>	

www.srcity.org

Project Title: SANTA ROSA SKILLED NURSING FACILITY  
(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.

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:
AJ VENTURES / JEFF OWEN	545 4TH STREET SANTA ROSA 95401
ANVIL DEVELOPMENT / MARK BALIFF	100 E SAN MARCOS BLVD, SAN MARCOS CA 92069

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
KITCHEN CEM / AUDREY MILLS	1015 12TH STREET SUITE 11, MODESTO 95354
DARDEN ARCHITECTS /	6790 N. WEST AVENUE, FRESNO 93711
MARTY DIETZ, MICHAEL NELSON	
BCE / LANE BADER	461 CUDVIS AVE, CUDVIS 93612
	SUITE 200

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:

Audrey Mills  
Applicant

5.12.16  
Date