

## DISCLOSURE FORM

Please Type or Print

CUP19-076	Sequad.
Related Files	
DEPARTMEN	IT USE ONLY

01/16

	111111111111111111111111111111111111111		
	Project Title: MONTEON  (Include site address)  4743 MONTEON	MERY DRIVE	
	Please provide the name of each individu use action. Include the names of all applic on the property.  Please provide the name of each individuals of each individuals.	ual, partnership, corporation, LLC, or trust who has an interest in the propocants, developers, property owners, and each person or entity that holds a	sed land n option
DISC	Partnerships: Identify all general and Corporations: Identify all shareholders corporation is listed on listed.	limited partners is owning 10% or more of the stock and all officers and directors (unless the any major stock exchange, in which case only the identity of the exchange	t must be
LOSU	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.		
R	Full Name:	Address:	
F	DON BOEHM	79 DAILY DRIVE, CAMARILD CA	2301
R			
M			
In addition, please identify the page of each civil and in the pag			
In addition, please identify the name of each civil engineer, architect, and consultant for the project.  Full Name:  Address:			
1			
	KEN CAVIEN 131 STONY CIRCLE, 50,1000		
		SAKITH KOSIA CA. 95401	
-	PAUL BEIGH	2300-C LAS ROSARO. CAMARILOC	A 930
	Additional nam	nes and addresses attached:	
	The above information shall be promptly u	updated by the applicant to reflect any change that occurs prior to final act	ion.
-	I certify that the above information is true	Applicant	
		Disclosure Form	е
1		Applicant Dal	e
		The state of the s	01/16