

DISCLOSURE FORM Please Typie of Printa Rosa

Related Files	PR 17-031	N Quad.
	Related Files	100

02/11

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APR 2 7 2017

	Project Title: Oakmont of Emerald Isle, an Assisted Living Facilityn Eastlend of Gullane Drive (Include site address) Development Department			
	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.			
D-%CLO%UR	Individuals: Indentify 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.			
E	Full Name:	Address:		
F	Oakmont Senior Living LLC, Applicant	220 Concourse Blvd., Santa Rosa, CA 95403		
O R Wm P. & Cynthia Gallaher Trust				
M	Sole Member			
	OSL Santa Rosa Projects LLC, Owner	220 Concourse Blvd., Santa Rosa, CA 95403		
See attached members				
	In addition, please identify the name of ca			
	Full Name:	In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
	Brelje & Race Engineers	Address: 475 Aviation Blvd., Santa Rosa, CA 95403		
	Landesign Group	3344 Gravenstein Highway North, Sebastopol, CA 95472		
	Reese & Associates	P.O. Box 6172, Santa Rosa, CA 95406		
	Becky Duckles, Arborist	8876 Occidental Rd., Sebastopol, CA 95472		
	The Digital Realm	2456 Prairie Lane, Santa Rosa, CA 95403		
		2 is a riamic Earle, Garia riosa, 677 56465		
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.			
		EN M ON		
	I certify that the above information is true and correct: Applicant Date			
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Attachment to Disclosure Form

Emerald Isle Skilled Nursing and Medical Rehab East end of Gullane Drive

Ownership

Members of OSL Santa Rosa Projects LLC

William P. & Cynthia J. Gallaher Trust

Billa Management LLC

OSL Operations of Concord LLC

Jeffrey L. Breithaupt

Katharine S. Breithaupt

Shirley Johnson

Paul Bialek

Honesto & Carole Vargas

Ned Stein

Rochelle Stein

John and Andrea Gladstein Family Trust

Patrick R. & Cynthia M. Gallaher Trust

The Jeffrey D. Civian Trust