

DISCLOSURE FORM

Please Type or Print

File No.	Quad.
Related Files	
DEPARTI	MENT USE ONLY

سبب س	and the second s					
	Project Title: Sota Extracts, Inc; 468 Yolanda Ave Suite 203, Santa Rosa, CA 95404 (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.					
D-0C	Individuals: Partnerships: Corporations:	tnerships: Identify all general and limited partners porations: 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.				
LOWDE	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.					
RE F	Full Name:		Address:			
	Malcolm Smith		2308 Roburta LN, Santa Rosa; 95403			
O R	Travis Varpness		2308 Roburta LN, Santa Rosa; 95403			
M	Nick Volkenant		2308 Roburta LN, Santa Rosa; 95403			
The second secon	In addition, please identify the name of each civil engineer, architect, and consultant for the project.					
	Full Name:		Address:			
	VVIII JOI	nes (architect)	853 Foothill Dr; Windsor, CA 95492			
			·			
	Additional names and addresses attached:					
	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 a	and correct:	12/21/2018		
l			Applicant	Date		