

## DISCLOSURE FORM

Please Type or Print

LWA19-016	
File No.	Quad.
Related Files	
DEDARTMENT LISE ONLY	

Project Title: MKG & ArchiLOGIX 528 B Street Mixed Use Development 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 D Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the Corporations: corporation is listed on any major stock exchange, in which case only the identity of the exchange must be S C listed. LLCs: Identify all members, managers, partners, officers and directors. 0 Trusts: Identify all trustees and beneficiaries. S Option Holders: Identify all holders of options on the real property. U R Full Name: Address: 528 B Street, Santa Rosa, CA 95401-5211 MKG, Tom Karston 0 R In addition, please identify the name of each civil engineer, architect, and consultant for the project. Address: **Full Name:** ArchiLOGIX, Mitch Conner 50 Santa Rosa Ave Suite 400, Santa Rosa, CA 95404 Christine Talbot, Quadriga 1212 4th St Studio K, Santa Rosa, CA 95404 ☐ Yes ☑ No 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 and correct:

Applicant

Date