

DISCLOSURE FORM

Please Type or Print



DEPARTMENT USE ONLY

Qyad.

www.srcity.org		
	Project Title: BEDROSIANS (Include site address)	TILE 4 STONE - MARRITONSE EXPANSION
	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.	
DISC	 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. 	
LOSU	LLCs: Identify all members, ma Trusts: Identify all trustees and b Option Holders: Identify all holders of opt	
R E	Full Name:	Address:
F	LANRY BEDROSIAH	1515 E. WINSTON ROAD, ANAHEIRI, CA 92805
O R	BEDROSIAN SANTA ROSA LLC	
M		
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.	
	Full Name:	Address:
	HELINY WIX-ANCHITELT	4349 OLDREOWOOD HWY, SANTA ROSH, CA. 95403
7 8	A MUHITE UT	835 PINER, SANTA ROSA, CA 95401
	ERIL KREALEN (MIKIN STRIKT)	441 COLLEGE AVE, SANTA ROSA CA 95401
		City of Sente Rosa
		<u>JUL 1-6-2010</u>
Additional names and addresses attached:		
	Development Department 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	