

## **DISCLOSURE FORM**

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	Project Title: Gi	ffen Building 2 Flex Mod , 2715 GI (Include site address)	FFEN AVE,BUILDING 2 SANTA ROSA, CA (APN 010-450-008)		
DISCLOSURE FORM		ide the names of all applic	al, partnership, corporation, LLC, or trust who has an interest in the proposed land cants, developers, property owners, and each person or entity that holds an option		
	Individuals: Partnerships: Corporations:	Identify all individuals Identify all general and limited partners 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: Trusts: Option Holders:	Identify all members, managers, partners, officers and directors.  Identify all trustees and beneficiaries.  Identify all holders of options on the real property.			
	Full Name:	10 march 17 miles	Address:		
	Dennis Hunter		1206 Fourth Street Santa Rosa		
	Ned Fussel		1206 Fourth Street Santa Rosa		
	Katherine Clark		1206 Fourth Street Santa Rosa		
	In addition, pleas	e identify the name of ea	ch civil engineer, architect, and consultant for the project.		
	Full Name:	the facility the name of ca	Address:		
	Troy Leyva, Architect		201 Filbert Street 3rd Floor, San Francisco CA 94133		
	Nick Caston, Golden State Government Relations		2544 Cleveland Ave, Suite 204, Santa Rosa, CA, 95403		
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	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  Applicant				