

I certify that the above information is true and correct:

DISCLOSURE FORM

Please Type or Print

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	Project Title: Santa Rosa Fa	rms Cultivation Facility		
	(Include site addres 800 Yolanda Ave.			
	5	vidual, partnership, corporation, LLC, or trust who has an interest in the proposed land oplicants, developers, property owners, and each person or entity that holds an option		
ローのこしのり	Partnerships: Identify all general and Corporations: Identify all shareho corporation is listed. LLCs: Identify all member Identify all trustees	Identify all members, managers, partners, officers and directors. Identify all trustees and beneficiaries.		
R E	Full Name:	Address:		
F O R	Danny Abdelmalak	9030 National Blvd., LA, CA 90034		
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.			
	Full Name:	Address:		
	Frank Glynn - Architect	233 California St., El Segundo, CA 90245		
	Tom Billeter - Civil Engineer	2800 Cleveland Ave., Ste C., Santa Rosa, CA 95403		
	Tom Adams - Attorney Susan Barnes - Public Relation	100 B Street, Ste 320, Santa Rosa, CA 95401		
	Jim Pugh - Land Use Attorney			
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.			

Disclosure Form 01/16

Applicant

10-25-17

Date