

DISCLOSURE FORM (Form 3 of 5)

Attachment 1



ALTERNATEVES EAST, 2300 BETHARDS Dr. SANTA ROSA CA (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.

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.

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.

Full Name:	Address:
2-300 BETHARDS, LLC	
(KAREN KISSLER,	
SOLE OPERATOR	
In addition, please identify the name of e	ach civil engineer, architect, and consultant for the project.
Full Name:	Address:
FARREN/FABER ARCHIT	ECTURE, 416 BSt. SANTAROSA (A 95401 490 MENDO CENO AV. #201 SANTAROSA (A9540) 631726 RAVEHO VEEJORD, #218 SANJUAN FERDENAD CAPISTRANO CA 92675 SANTA ROSAGA 95404
W-TRANS	490 MENDO CENO AV. #201 SANTAROSA CA95401
YORKE ENGERETA	6 31726 ROVEHO VEEJORD, #218 SON JUAN
VAILEY CONFORT - 1813	FER DEVINO CAPISTRANO CA 92675
Cr.	Sports ROSAG 95404
Additional na	mes and addresses attached:
The above information shall be promptl	y updated by the applicant to reflect any change that occurs prior to final action.
	1/- /-
I certify that the above information is tru	
	Applicant Date