



DISCLOSURE FORM

(Form 3 of 5)



Project Title: MD Senoir Wellness Living LLC

(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:
Raj Kalra	425 1st street #1306 San Francisco, CA
Nisha Kalra	425 1st street #1306 San Francisco, CA

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
ArchiLOGIX	427 Mendocino Ave. Suite 150, Santa Rosa, CA 95401

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.

I certify that the above information is true and correct: Nisha K. Kalra
Applicant

07/27/23
Date