

DISCLOSURE FORM

(Form 3 of 5)

Project Title: Active Motion MASSAGE

Project Address: 3006 Aurora Ct., Santa Rosa, CA 95405

INTERESTED PARTIES:

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

Full Name:	Address
<i>Anthony Ebright</i>	<i>3006 Aurora Ct., Santa Rosa, CA 95405</i>

AFFILIATED PARTIES:

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

Full Name: Address:

Full Name:	Address: