## ATTACHMENT 16A: TYPE OF OWNERSHIP ENTITY— LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR REGISTERED LIMITED LIABILITY PARTNERSHIP

AME	E OF OWNERSHIP ENTITY:		_					
A.	Number of general partners of Ownership Entity:							
1. B.	Is each general partner a natural person:							
	$\Box$ yes (complete 1.C. below only)							
	no (complete 1.C. below, then go to 2. below)							
C.	Provide <b>all of</b> the following information for <b>each general partner</b> of the Ownership Entity (attach additional page to provide complete information).							
	(i) Name of General Partner:		_					
	Address:		_					
	Telephone:()	Ownership:%						
	Type of entity:							
	☐ individual ☐ partnership (complete 2.A. below)							
	□ corporation (complete 2.B. below)							
	☐ limited liability company ( <i>complete 2.C. below</i> )							
	State of Formation:							
	(ii) Name of General Partner:		-					
	Address:		-					
	Telephone:()	Ownership:%						
	Type of entity:							
	☐ individual ☐ partnership (complete 2.A. below)							
	□ corporation (complete 2.B. below)							
	☐ limited liability company ( <i>complete 2.C. below</i> )							
	State of Formation:							
	(iii) Name of General Partner:		_					
	Address:		_					
	Telephone:()	Ownership:%						
	Type of entity:							
	☐ individual ☐ partnership (complete 2.A. below)							
	□ corporation ( <i>complete 2.B. below</i> )							
	☐ limited liability company ( <i>complete 2.C. below</i> )							

(i) Name of General Partner:		
Address:		
Telephone:()	Ownership:	%
Type of entity:		
☐ individual ☐ partnership (complete 3.A.(i) below)		
□ corporation ( <i>complete 3A.</i> ( <i>ii</i> ) <i>below</i> )		
☐ limited liability company ( <i>complete 3.A.(iii) below</i> )		
State of Formation:	<u></u>	
ii) Name of General Partner:		
Address:		
Telephone:()	Ownership:	%
Type of entity:		
☐ individual ☐ partnership (complete 3.A.(i) below)		
□ corporation ( <i>complete 3A.(ii) below</i> )		
☐ limited liability company (complete 3.A.(iii) below)		
State of Formation:		
ii) Name of General Partner:		
Address:		
Telephone:()	Ownership:	%
Type of entity:		
☐ individual ☐ partnership (complete 3.A.(i) below)		
□ corporation (complete 3A.(ii) below)		
☐ limited liability company (complete 3.A.(iii) below)		
State of Formation:		

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for <u>each of the following:</u> (i) <u>all officers</u>, (ii) <u>all directors</u> and (iii) <u>all stockholders with a 10% interest or more</u> in each such corporation identified as a general partner in 1.C.

<b>OFFICERS</b>	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:		
Name:	Name:	Telephone No.:
Title:	Address:	
Address:		Name:
	Telephone No.:	Type of Entity:
Telephone No.:		State of Formation:
Name:	Name:	Address:
Title:	Address:	
		Telephone No.:
Address:	Telephone No.:	
Telephone No.:		Name:
		Type of Entity:
		State of Formation:
		Address:
		Telephone No.:

<sup>☐</sup> Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for <u>each of the following:</u> (i) <u>all governors/directors</u>, (ii) <u>all members</u> and (iii) <u>all managers/officers</u> of each limited liability company identified as a general partner in 1.C.

GOVERNORS/DIRECTORS	MEMBERS (indicate the Managing	MANAGERS/OFFICERS (indicate the Chief
	Member(s), if any)	Manager(s), if any)
ame:	Name:	Name:
ddress:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
elephone No.:	Address:	Address:
ame:		
ddress:	Telephone No.:	Telephone No.:
	Name:	Name:
elephone No.:	Type of Entity:	Type of Entity:
Jame:	State of Formation:	State of Formation:
Address:	Address:	Address:
elephone No.:	Telephone No.:	Telephone No.:
	Name:	Name:
	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
Indicate if the LLC listed above is:	☐ member managed ☐ manager	managed    board managed

a.	Name of General Partner:
	Address:
	Telephone:(
	Type of entity:
	☐ individual ☐ partnership ☐ corporation ☐ limited liability company
	State of Formation:
b.	Name of General Partner:
	Address:
	Telephone:(
	Type of entity:
	☐ individual ☐ partnership ☐ corporation ☐ limited liability company
	State of Formation:
c.	Name of General Partner:
	Address:
	Telephone:(
	Type of entity:
	☐ individual ☐ partnership ☐ corporation ☐ limited liability company
	State of Formation:

3. A. (i)

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for <u>each of the following:</u> (i) <u>all officers</u>, (ii) <u>all directors</u> and (iii) <u>all stockholders with a 10% interest or more</u> in each general partner identified as a corporation in 2.A.

OFFICERS	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:		
Name:	Name:	Telephone No.:
Title:	Address:	
		Name:
Address:	Telephone No.:	Type of Entity:
Telephone No.:	Name:	State of Formation:
Name:	Address:	Address:
Title:	Telephone No.:	Telephone No.:
Address:		
		Name:
Telephone No.:		Type of Entity:
		State of Formation:
		Address:

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<sup>☐</sup> Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A.

Member(s), if any) Name:  Type of Entity:	Manager(s), if any) Name:
Type of Entity:	
	Type of Entity:
State of Formation:	State of Formation:
Address:	Address:
Talankana Na	Talanhana Na
Telephone No.:	Telephone No.:
Name:	Name:
Type of Entity:	Type of Entity:
State of Formation:	State of Formation:
Address:	Address:
Telephone No.:	Telephone No.:
Name:	Name:
Type of Entity:	Type of Entity:
State of Formation:	State of Formation:
Address:	Address:
Telephone No.:	Telephone No.:
	Address:  Telephone No.:  Name:  Type of Entity:  State of Formation:  Address:  Telephone No.:  Name:  Type of Entity:  State of Formation:  Address:

a.	Name of General Partner:			
	Address:			
	Telephone:()		Ownership:	%
	Type of entity:			
	☐ individual ☐ partnership ☐	corporation	☐ limited liability company	
	State of Formation:			
b.	Name of General Partner:			
	Address:			
	Telephone:()		Ownership:	%
	Type of entity:			
	☐ individual ☐ partnership ☐ c	corporation	☐ limited liability company	
	State of Formation:			
c.	Name of General Partner:			
	Address:			
	Telephone:()	<del></del>	Ownership:	%
	Type of entity:			
	☐ individual ☐ partnership ☐	corporation	☐ limited liability company	
	State of Formation:			

3. B (i)

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B.

OFFICERS	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:	Name:	
Name:	Address:	Telephone No.:
Title:	Addicss.	
Address:	Telephone No.:	Name:
		Type of Entity:
Telephone No.:	Name:	State of Formation:
Name:	Address:	Address:
Title:	Telephone No.:	Telephone No.:
Address:		
		Name:
Telephone No.:		Type of Entity:
		State of Formation:
		Address:

<sup>☐</sup> Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B.

GOVERNORS/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS  (indicate the Chief Manager(s), if any)
Name:	Name:	Name:
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
elephone No.:	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:		_
Salandana Ma	Name:	Name:
elephone No.:	Type of Entity:	Type of Entity:
Jame:	State of Formation:	State of Formation:
address:	Address:	Address:
elephone No.:	Telephone No.:	Telephone No.:
	Name:	Name:
	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:

a.	Name of General Partner:			
	Address:			
	Telephone:()		Ownership:	%
	Type of entity:			
	☐ individual ☐ partnership	corporation	☐ limited liability company	
	State of Formation:			
b.	Name of General Partner:			
	Address:			
	Telephone:()		Ownership:	%
	Type of entity:			
	☐ individual ☐ partnership	corporation	☐ limited liability company	
	State of Formation:			
c.	Name of General Partner:			
	Address:			
	Telephone:()		Ownership:	%
	Type of entity:			
	☐ individual ☐ partnership	☐ corporation	☐ limited liability company	
	State of Formation:			

3. C. (i)

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) <u>all officers</u>, (ii) <u>all directors</u> and (iii) <u>all stockholders with a 10% interest or more</u> in any member and/or manager identified as a corporation in 2.C.

OFFICERS	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:	Name:	
Name:		Telephone No.:
Title:	Address:	Name:
Address:	Telephone No.:	Type of Entity:
	Name:	State of Formation:
Telephone No.:	Address:	Address:
Name:		Talanhana Na
Title:	Telephone No.:	Telephone No.:
Address:		Name:
Telephone No.:		Type of Entity:
		State of Formation:
		Address:

<sup>☐</sup> Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C.

GOVERNORS/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS  (indicate the Chief Manager(s), if any)
Jame:	Name:	Name:
address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
elephone No.:	Address:	Address:
lame:	Telephone No.:	Telephone No.:
ddress:	Name:	Name:
Valantana Nya	-	
elephone No.:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
lame:	Address:	Address:
Address:		
elephone No.:	Telephone No.:	Telephone No.:
		Name:
	Name:	
	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
	Address:	Address:
		Telephone No.:
	Telephone No.:	