

**ATTACHMENT 15A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

(Submit pages of the applicable Attachment 15 and the Ownership Organizational Chart for which information has been provided. Blank pages should not be uploaded in THOMAS.)

NAME OF OWNERSHIP ENTITY: _____

1. A. Number of general partners of Ownership Entity: _____

1. B. Is each general partner a natural person:

yes (*complete 1.C. below only*)

no (*complete 1.C. below, then go to 2. below*)

1. C. Provide **all of** the following information for **each general partner** of the Ownership Entity (*attach additional pages if needed 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 (*complete 2.C. below*)

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 (*complete 2.C. below*)

State of Formation: _____

ATTACH ADDITIONAL SHEETS IF THERE ARE MORE THAN TWO GENERAL PARTNERS

2. A. If any general partner identified in 1.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 1.C. (*attach additional pages if needed 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 (*complete 2.C. below*)

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 (*complete 2.C. below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity:

individual partnership (*complete 2.A. below*)

corporation (*complete 2.B. below*)

limited liability company (*complete 2.C. 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 **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (*complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

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 **each of the following:** (i) all governors/directors, (ii) all members and (iii) all managers/officers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

MEMBERS

Indicate the Managing Member(s), if any

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

MANAGERS/OFFICERS

Indicate the Chief Manager(s), if any

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Indicate if the LLC listed above is: Member Managed Manager Managed Board

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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. A. (ii) If any general partner identified in 2.A. 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 general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

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. If any member or manager identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS

Name: _____
Address: _____

Telephone No.: _____

Name: _____
Address: _____

Telephone No.: _____

Name: _____
Address: _____

Telephone No.: _____

MEMBERS
 Indicate the Managing Member(s), if any

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

MANAGERS/OFFICERS
 Indicate the Chief Manager(s), if any

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Indicate if the LLC listed above is: Member Managed Manager Managed Board

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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. 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. If any stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

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. If any member or manager identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

MEMBERS

Indicated the Managing Member(s), if any

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

MANAGERS/OFFICERS

Indicate the Chief Manager(s), if any

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Indicate if the LLC listed above is: Member Managed Manager Managed Board

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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 company partnership corporation limited liability

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. (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) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

- 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. If any member or manager identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

MEMBERS

Indicate the Managing Member(s), if any

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

MANAGERS/OFFICERS

Indicate the Chief Manager(s), if any

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Indicate if the LLC listed above is: Member Managed Manager Managed Board

Preferred Signature Block (attach here)