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 <u>each general partner</u> of the Ownership Entity (<i>attach pages if needed to provide complete information</i>).	additional
(i) 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>)	
State of Formation:	
(ii) 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>)	
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 liab provide all of the following information for <u>each</u> general partner of any general partner identified 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 (<i>complete 2.C. below</i>)	
		State of Formation:	
	(ii)	Name of General Partner:	
		Address:	
		Telephone: (
		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 (complete 2.B. below)	
		☐ limited liability company (<i>complete 2.C. below</i>)	
		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:	Name:	Name:
Title:	Address:	Type of Entity:
Address:	Telephone No.:	State of Formation:
Telephone No.:		Address:
Name:	Name:	Telephone No.:
Title:	Address:	
Address:	Telephone No.:	Name:
		Type of Entity:
Telephone No.:	— Name:	State of Formation:
Name:	Address:	Address:
Title:		Telephone No.:
Address:	Telephone No.:	
Telephone No.:	_	Name:
		Type of Entity:
		State of Formation:
		Address:
		Telephone No.:

[☐] 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) 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 manager listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS Indicate the Managing	MANAGERS/OFFICERS Indicate the Chief Manager(s),
	Member(s), if any	if any
Name:	Name:	Name:
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
Name:	Talankana Na	Talanhana Na .
Address:	Telephone No.:	Telephone No.:
	Name:	Name:
Telephone No.:	Type of Entity:	Type of Entity:
Name:	State of Formation:	State of Formation:
Address:	Address:	Address:
Telephone 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	s: Member Managed Manager	Managed 🖵 Board

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

3. A. (i)If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability),

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	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:
Address:	Telephone No.:	Type of Entity:
Telephone No.:	Name:	State of Formation:
Name:	Address:	Address:
Title:	Telephone No.:	Telephone No.:
Address:	Telephone Ivo	
		Name:
Telephone No.:		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 <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 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	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:
Telephone No.:	Address:	Address:
Name:		
Address:	Telephone No.:	Telephone No.:
	Name:	Name:
Telephone No.:	Type of Entity:	Type of Entity:
Name:	State of Formation:	State of Formation:
Address:	Address:	Address:
Telephone 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: ☐ M	Member Managed 🔲 Manager Managed	d □ Board

3. B (i)	or dir an typ	limited liability), provide all ector and stockholder identificindividual or a corporation you	of the following and as a partnership ou must provide a	information for go in 2.B. If any go additional inform	s itself a partnership (limited, general partner of each of ea	fficer, is not sed on	
		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:	<u>%</u>
			Type of entity:				
			☐ individual	☐ partnership	☐ corporation	☐ limited liability company S	State
			of Formation:				
		c.	Name of General Partner:				
			Address:				
			Telephone:	()		Ownership:	%
			Type of entity:				
			☐ individual	☐ partnership	☐ corporation	☐ limited liability company S	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 <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 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	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:	Name:	
Name:		Telephone No.:
	Address:	
Title:		Name:
Address:	Telephone No.:	Type of Entity:
Telephone No.:	Nome	State of Formation:
	Name:	Address:
Name:	Address:	Address.
Title:	Telephone No.:	Telephone No.:
Address:	Telephone No	
		Name:
Telephone No.:		Type of Entity:
		State of Formation:
		Address:
	1	ı

[☐] 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	MEMBERS Indicated 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:
Telephone No.:	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:	-	_
Telephone No.:	Name:	Name:
Telephone No.:	Type of Entity:	Type of Entity:
Name:	State of Formation:	State of Formation:
Address:	Address:	Address:
Telephone 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.:
ndicate if the LLC listed above is: \Box N	1ember Managed □ Manager Managed	□ Board

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.) Name of General Partner: Address: Telephone: Type of entity: ☐ individual ☐ limited liability company □ partnership corporation State of Formation: Name of General Partner: Address: Ownership: % Telephone: Type of entity: ☐ individual partnership corporation ☐ limited liability company State of Formation: Name of General Partner: Address: Ownership:______% Telephone: Type of entity: ☐ individual ☐ partnership □ corporation □ limited liability company State of Formation:

If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or

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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 <u>each of the following</u>: (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	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:		
Name:	Name:	Telephone No.:
	Address:	
Title:		Name:
Address:	Telephone No.:	Type of Entity:
	Name:	State of Formation:
Telephone No.:	Address:	Address:
Name:		
Title:	Telephone No.:	Telephone No.:
Address:		Name:
T. 11		Type of Entity:
Telephone No.:		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 <u>each of the following</u>: (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	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:
Telephone No.:	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:	- Name:	Name:
	_	
Telephone No.:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Name:	Address:	Address:
Address:		_
	Telephone No.:	Telephone No.:
Telephone No.:		
	Name:	Name:
	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
		Address:
	Address:	_
	Talanhana Na .	Telephone No.:
	Telephone No.:	_
Indicate if the LLC listed above is: N	Member Managed 🔲 Manager Manage	d 🛚 Board

