ATTACHMENT 15B: TYPE OF OWNERSHIP ENTITY— CORPORATION

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

NAME OF OWNERSHIP ENTITY:

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 <u>10% interest or more</u> in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation; and/or complete 2.C. below if any officer, director and/or stockholder 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:		State of Formation:
	Telephone No.:	Address:
Telephone No.:		
Name:	Name:	Telephone No.:
Title:	Address:	Name:
Address:		Type of Entity:
- Tudioss.	Telephone No.:	State of Formation:
Telephone No.:		Address:
	Name:	
Name:	Address:	Telephone No.:
Title:	Telephone No.:	Name:
Address:	Telephone No	
		Type of Entity:
Telephone No.:		State of Formation:
		Address:
		Telephone No.:

	Checl	k here if no stockholde	ers are listed above because no single stockholder owns a 10% or greater interest in t	he corporation
	for w	hich this information i	s provided.	
2. A	pro	wide all of the follow	d/or stockholder identified in 1. above is itself a partnership (limited, general, or ling information for <u>each</u> <u>general partner</u> of any officer, director and/or stockholder additional pages if needed to provide complete information).	
	(i)	Name of General Par	tner:	
		Address:		
		Telephone: (
		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:		
	(ii)	Name of General Par	tner:	
	. ,	Address:		
		Telephone: () Ownership: %	
		Type of entity:	☐ individual ☐ partnership (complete 3.A.(i) below)	
		Type of endity.	corporation (complete 3A.(ii) below)	
			☐ limited liability company (complete 3.A.(iii) below)	
		State of Formation:		
	(iii)	Name of General Par	tner:	
	,	Address:		
		Telephone: (
		Type of entity:	☐ individual ☐ partnership (complete 3.A.(i) below)	
		Type of entity.	corporation (complete 3A.(ii) below)	
			☐ limited liability company (complete 3.A.(iii) below)	
		State of Formation:		

2. B. If any officer, director and/or stockholder identified in 1. above is 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 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified 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:		State of Formation:
Talambana Na	Telephone No.:	Address:
Telephone No.:		
Name:	Name:	Telephone No.:
Title:	Address:	
Tiue:	-	Name:
Address:	Telephone No.:	Type of Entity:
		State of Formation:
Telephone No.:		Address:
	Name:	Address.
Name:	Address:	
Title:		Telephone No.:
Address:	Telephone No.:	Name:
T. 1. 1. N		Type of Entity:
Telephone No.:		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 officer, director and/or stockholder identified in 1. above is 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 1. (complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2016 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company). (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:
	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:		_
	Name:	Name:
Telephone No.:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
Indicate if the LLC listed above i	s: Member Managed Manager	Managed D Board

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:		

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

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 **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 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:	Name:
Address:	Telephone No.:	Type of Entity:
		State of Formation:
Telephone No.:		Address:
Name:	Name:	
Title:	Address:	Telephone No.:
Address:	Telephone No.:	Name:
		Type of Entity:
Telephone No.:		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.

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	Indicate the Managing Member(s), if any	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:
	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:	-	_
	Name:	Name:
Telephone No.:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
Indicate if the LLC listed above i	s: Member Managed Manager	— │ — — — — — — — — — — — — — — — — — —

ado	ovide all of the following information for <u>each</u> general partnership in 2.B. If any general partner identified be ditional information, in the relevant form based on type tach additional pages if needed to provide complete information.	elow is not an indiv of entity, until only	idual or a corporation	you must p
a.	Name of General Partner:		_	
	Address:			
	Telephone: ()	_Ownership:	%	
	Type of entity: ☐ individual ☐ partnership	corporation	☐ limited liability c	ompany
	State of Formation:			
b.	Name of General Partner:		_	
	Address:			
	Telephone: ()	_Ownership:	%	
	Type of entity: ☐ individual ☐ partnership	corporation	☐ limited liability c	ompany
	State of Formation:			
c.	Name of General Partner:			
	Address:			
	Telephone: ()	_Ownership:	%	
	Type of entity: ☐ individual ☐ partnership	☐ corporation	☐ limited liability c	ompany
	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 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:	Name:
Title.		Name.
Address:	Telephone No.:	Type of Entity:
		State of Formation:
Telephone No.:		Address:
	Name:	
Name:	Address:	Telephone No.:
Title:		
Address:	Telephone No.:	Name:
		Type of Entity:
Telephone No.:		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.

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 <u>each of the following</u>: (i) <u>all governors/directors</u>, (ii) <u>all members</u> and (iii) <u>managers/officers</u> 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.)

Indicate the Chief Manger(s) if any Name: Type of Entity: State of Formation: Address: Telephone No.: Name: Type of Entity: State of Formation: Address:
Name: Type of Entity: State of Formation: Address: Telephone No.: Name: Type of Entity: State of Formation:
Type of Entity: State of Formation: Address: Telephone No.: Name: Type of Entity: State of Formation:
State of Formation: Address: Telephone No.: Name: Type of Entity: State of Formation:
Address: Telephone No.: Name: Type of Entity: State of Formation:
Telephone No.: Name: Type of Entity: State of Formation:
Name: Type of Entity: State of Formation:
Type of Entity: State of Formation:
State of Formation:
Address:
Telephone No.:
Name:
Type of Entity:
State of Formation:
Address:
Telephone No.:

a.	Name of General Partner:		
	Address:		
	Telephone: ()	Ownership:	%
	Type of entity: ☐ individual ☐ partnership ☐ co	orporation 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) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. 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.:
	Address:	
Title:		Name:
Address:	Telephone No.:	Type of Entity:
		State of Formation:
Telephone No.:		Address:
Name:	Name:	-
	Address:	Telephone No.:
Title:		
Address:	Telephone No.:	Name:
		Type of Entity:
Telephone No.:		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.

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) <u>all governors/directors</u>, (ii) <u>all members</u> and (iii) <u>all managers/officers</u> of each 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:
	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
Name: Address:	Telephone No.:	Telephone No.:
	Name:	Name:
Telephone No.:	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	Member Managed Manager Manager Manager Manager	d 🗖 Board