ATTACHMENT 16C: TYPE OF DEVELOPER ENTITY – LIMITED LIABILITY COMPANY

(Submit pages of the applicable attachment and the Developer Organizational Chart for which information has been provided.

Blank pages should not be uploaded in THOMAS.)

| <u>all managers/officers</u> of the l partnership; complete 2.B. if a | Developer Entity (complete 2.A. if any meanly member and/or manager identified below | governors/directors, (ii) all members and (iii) ember and/or manager identified below is a w is a corporation and/or complete 2.C. if any (attach additional pages if needed to provide |
|--|--|---|
| GOVERNORS/DIRECTORS Name: Name: Name: | MEMBERS Indicate the Managing Indicate Member(s), if any if any | MANAGERS/OFFICERS the Chief Manager(s), |
| Address: Type of Entity: Type of | Entity: | |
| Telephone No.: | State of Formation: State of Address: Address: | Formation: |
| Telephone No.: Telephone No.: Name: | | |
| 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: | |

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| _ | Telephone No.: Telephone No.: |
| Indicate if the LLC listed above is: □ | Member Managed □ Manager Managed □ Board |
| 2. A. If any member and/or manager identified following information for each gene additional pages if needed to provide of | in 1. above is itself a partnership (limited, general, or limited liability), provide all of the ral partner of any member and/or manager identified as a partnership in 1. (attach complete information.) |
| (i) Name of General Partner: | |
| Address: | |
| Telephone: () | Ownership:% |
| Type of entity: undividu | al partnership (complete 3.A.(i) below) |
| | □ corporation (complete 3A.(ii) below) |
| | ☐ limited liability company (<i>complete 3.A.(iii) below</i>) |
| State of Formation: | |
| (ii) Name of General Partner: | |
| Address: | |
| | |
| Telephone: () | |
| Type of entity: \Box individu | al partnership (complete 3.A.(i) below) |
| 1 | □ corporation (complete 3A.(ii) below) |
| | ☐ limited liability company (<i>complete 3.A.(iii) below</i>) |
| State of Formation: | |
| (iii) 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: |
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| 2 R If any member and/or | manager identified in | 1. above is itself a corporation, provide all of the following information for <u>each of</u> |
| the following: (i) all off | icers, (ii) all directors as | nd (iii) all stockholders with a 10% interest or more in each member and/or manager |
| identified as a corporati | on in 1. (<i>complete 3.B</i> fficer_director.and/or.s | (i) if any officer, director and/or stockholder identified below is a partnership; tockholder identified below is a corporation and/or complete |
| | greer, un ector unusor s | toomouter tuerrigied selon is a corporation unit or complete |
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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: Telephone No.: Address: Telephone No.: Name: Telephone No.: Name: Address: Title: Name: Address: Type of Entity: Telephone No.: State of Formation: Telephone No.: Address: Name: Name: Address: Telephone No.: Title: Address: Name: Telephone No.: 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 member and/or manager identified in 1. 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 member and/or manager identified below 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 limited liability company). (attach additional pages if needed to provide complete information.)

| GOVERNORS/DIRECTORS | MEMBERS Indicate the Managing Indicate Member(s), if any if any | MANAGERS/OFFICERS the Chief Manager(s), |
|--------------------------------------|---|---|
| Name: Name: | | |
| Address: Type of Entity: Type of | Entity: | |
| Telephone No.: | State of Formation: State of | Formation: |
| Telephone 100 | Address: Address: | |
| Telephone No.: Telephone No.: Name: | | |
| Address: Name: Name: | | |
| Telephone No.: | Type of Entity: Type of Entity: State of Formation: State of | Formation: |
| Address: Address: | | |
| Name: | Telephone No.: Telephone No.: | |
| Address: | | |
| Telephone No.: | Name: Name: | |
| | Type of Entity: Type of Entity: | St. A. S.F |
| Formation: | | State of Formation: State of |
| | | Address: Address: |
| | Telephone No | .: Telephone No.: |
| | | |

| ny g foli par bas | general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the lowing information for each general partner of any general partner identified as a partnership in 2.A. If any general their identified below is not an individual or a corporation you must provide additional information, in the relevant form sed on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to by the 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: |
| | Telephone: (|
| | Type of entity: ☐ individual ☐ partnership ☐ corporation ☐ limited liability company |
| | State of Formation: |
| c. | Name of General Partner: |
| | Address: |
| | Telephone: (Ownership:% |

| Type of entity: \square individual \square partnership \square corporation \square limited liability company State |
|--|
| of Formation: |
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| 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 any general partner identified as a corporation in 2.A. If any officer, director of stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.) |
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| OFFICERS DIRECTORS Name: Name: Name: | STOCKHOLDERS | |
|--|---|--|
| Title: Address: Type of Entity: | | |
| Address: | Telephone No.: | State of Formation: |
| Telephone No.: | Telephone No | Address: |
| Name: Telephone No.: | | |
| Title: | Address: | Name: |
| Address: Telephone No.: Type of | Entity: | |
| | State of Formation: Telephone No.: Address: | |
| Name: | | |
| Name: | Address: Telephone No.: | |
| Title: | Address. Telephone No | |
| Address: Telephone No.: Name: | | |
| | Type of Entity: | |
| Telephone No.: | State of Formation: | |
| Address: | State of Formation. | |
| | | |
| | | Telephone No.: |
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| Check here if no stockholders are listed which this information is provided. | above because no single stockholder owns | a 10% or greater interest in the corporation for |
| which and information to provided. | | |
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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 any 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 the 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 Indicate | MANAGERS/OFFICERS the Chief Manager(s), |
|--------------------------------------|--|---|
| Name: Name: | Member(s), if any if any | |
| Address: Type of Entity: Type of | Entity: | |
| Telephone No.: | State of Formation: State of | Formation: |
| | Address: Address: | |
| Telephone No.: Telephone No.: Name: | | |
| Address: Name: Name: | | |
| Telephone No.: | Type of Entity: Type of Entity: | |
| | State of Formation: State of | Formation: |
| Address: Address: | | |
| Name: | Telephone No.: Telephone No.: | |
| Address: | | |
| 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 Man | naged 🛭 Board |

| 3. B | 3. (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 <u>each</u> general partner of any officer, director and/or 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 the 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: |
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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 any 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 the 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: | | |
| Title: Address: Type of Entity: | | |
| Address: | Telephone No.: | State of Formation: |
| | _ | Address: |
| Telephone No.: | | radiess. |
| Name: Telephone No.: | | |
| Title: | Address: | Name: |
| Address: Telephone No.: Type of | Entity: | |
| | State of Formation: Telephone No.: | |
| Name: | Address: | |
| Name: | | |
| Title: | Address: Telephone No.: | |
| Address: Telephone No.: Name: | | |
| Telephone No.: | Type of Entity: | |
| reiephone No.: | State of Formation: | |
| Address: | | |
| | | Telephone No.: |
| | | rerephone rion |

| ☐ 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. | |
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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) all governors/directors, (ii) all members and (iii) all managers/officers of any officer, director and/or stockholder identified as a limited liability company identified 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 the 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 Indicate | MANAGERS/OFFICERS the Chief Manager(s), |
|--------------------------------------|---|---|
| Name: Name: | Member(s), if any If any | |
| Address: Type of Entity: Type of | Entity: | |
| Telephone No.: | State of Formation: State of | Formation: |
| | Address: Address: | |
| Telephone No.: Telephone No.: Name: | | |
| Address: Name: Name: | | |
| Telephone No.: | Type of Entity: Type of Entity: State of Formation: State of | Formation: |
| Address: Address: | | |
| Name: | Telephone No.: Telephone No.: | |
| 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.: |

| 3. | | Indicate if the LLC listed above is: ☐ Member Managed ☐ | Manager Managed Board |
|-----------|---------------------|--|---|
| C. (i) If | of t any rele | nember and/or manager identified in 2.C. above is itself a partners the following information for <u>each</u> general partner of any member of general partner identified below is not an individual or a corporativation based on the type of entity, until only individuals and eded to provide complete information.) | and/or manager identified as a partnership in 2.C. If ation you must provide additional information, in the |
| | a. | Name of General Partner: | |
| | | Address: | |
| | | Telephone: () Type of entity: □ individual □ partnership □ corporation State of Formation: | |
| | b. | Name of General Partner: | |
| | | Address: | |
| | | Telephone: () Type of entity: □ individual □ partnership □ corporation State of Formation: | ☐ limited liability company |
| | c. | Name of General Partner: | |

| 3. | |
|------------|---|
| | Address: |
| | |
| | Telephone: (|
| | Type of entity: ☐ individual ☐ partnership ☐ corporation ☐ limited liability company State |
| | of Formation: |
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| | |
| 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 officer, director or stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.) |
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| OFFICERS DIRECTORS Name: Name: Name: | STOCKHOLDERS | |
|--------------------------------------|------------------------------------|---------------------|
| Title: Address: Type of Entity: | | |
| Address: | Telephone No.: | State of Formation: |
| | retephone No | Address: |
| Telephone No.: | | 1100100 |
| Name: Telephone No.: | | |
| Title: | Address: | Name: |
| Address: Telephone No.: Type of | Entity: | |
| | State of Formation: Telephone No.: | |
| Name: | Address: | |
| Name: | Address: Telephone No.: | |
| Title: | | |
| Address: Telephone No.: Name: | | |
| T. I. I. | 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 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 the 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 Indicate Member(s), if any if any | MANAGERS/OFFICERS the Chief Manager(s), | |
|-------------------------------------|---|---|--|
| Name: Name: | Member(s), if any if any | | |
| Address: Type of Entity: Type of | Entity: | | |
| Telephone No.: | State of Formation: State of | Formation: | |
| Telephone No.: | Address: Address: | | |
| Telephone No.: Telephone No.: Name: | | | |
| Address: Name: Name: | | | |
| Telephone No.: | Type of Entity: Type of Entity: | | |
| | State of Formation: State of | Formation: | |
| Address: Address: | | | |
| Name: | Telephone No.: Telephone No.: | | |
| Address: | | | |
| Telephone No.: | Name: Name: | | |
| Telephone 140 | Type of Entity: Type of Entity: | | |
| | | State of Formation: State of Formation: Address: Address: | |
| | | Telephone No.: | |

| 3. | | | | |
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| | Indicate if the LLC listed above is: □ | Member Managed | ☐ Manager Managed | □ Board |
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