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.	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 Entite pages if needed to provide complete information).	y (attach additional			
	(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 (complete 2.C. below)				
	State of Formation:				

Name of General Address:	rariner:		
Telephone:		Ownership:	%
тетернопе.		Ownership.	
ne of entity:			
individual	☐ partnership (complete 2.A. below)		
□ corporation (a	complete 2.B. below)		
☐ limited liabilit	ty company (complete 2.C. below)		

(i) Name of General P	artner:		
Address:			
Telephone:	()	Ownership:	%
Type of entity:			
☐ individual	☐ partnership (complete 3.A.(i) below)		
☐ corporation (con	mplete 3A.(ii) below)		
☐ limited liability	company (complete 3.A.(iii) below)		
State of Formation:			
(ii) Name of General P	'artner:		
Address:			
Telephone:	()	Ownership:	%
Type of entity:			
☐ individual	☐ partnership (complete 3.A.(i) below)		
☐ corporation (con	mplete 3A.(ii) below)		
☐ limited liability	company (complete 3.A.(iii) below)		
State of Formation:			
(iii) Name of General P	artner:		
Address:			
Telephone:	()	Ownership:	
Type of entity:			

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:
Telephone No.:		Type of Entity:
Name:	Name:	State of Formation: Address:
Title:	Address:	Address:
Address:	Telephone No.:	Telephone No.:
Telephone No.:		Name:
Telephone No.:		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 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 manager listed below is a limited liability company). (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:	- 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	

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:) Ownership: % Telephone: Type of entity: ☐ individual □ partnership corporation ☐ limited liability company State of Formation: b. Name of General Partner: Address: Ownership: % Telephone: Type of entity: ☐ limited liability ☐ individual partnership corporation company State of Formation: Name of General Partner: Address: Ownership:_____% Telephone: Type of entity: ☐ individual □ partnership □ corporation ☐ limited liability company 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.:
	Address:	
Title:		Name:
Address:	Telephone No.:	Type of Entity:
Telephone No.:	Name:	State of Formation:
	Address:	Address:
Name:		
Title:	Telephone No.:	Telephone No.:
Address:		
		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 **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	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:
TI I I V	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:		—
The last of the la	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	Iember Managed 🔲 Manager Managed	d 🗖 Board

3. B (i)	or dir an typ	any officer, director and/or sto limited liability), provide all ector and stockholder identific individual or a corporation y be of entity, until only individ- tovide complete information.)	of the following infed as a partnership ir ou must provide add	formation for <u>each</u> 2.B. If any generalitional information	general partner of each of all partner identified below and, in the relevant form base	fficer, is not ed 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:	%
		Type of entity:				
		☐ individual	☐ partnership	☐ corporation	☐ limited liability comp	any
		State of Formation:			_	
	c.	Name of General Partner:				
		Address:				
		Telephone:	()		Ownership:	%
		Type of entity:				
		☐ individual	☐ partnership	corporation	☐ limited liability comp	any
		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	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:		
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:

☐ 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 <a href="movements-good-sub-roll-goo

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
	Indicated the Managing	Indicate the Chief Manager(s),
	Member(s), if any	if any
Name:	Name:	Name:
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
Telephone No	Address:	Address:
Name:	Telephone No.:	Telephone No.:
Address:		_
TILL	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.:
	1	
ndicate if the LLC listed above is: M	Member Managed Manager Manager	I □ Board

identified as a pa must provide add	If any member and/or manage provide all of the following artnership in 2.C. If any generational information, in the relectated additional pages if need	information for <u>eac</u> eral partner identification vant form based on	ch general partner of ded below is not an type of entity, until	of any member and/or maindividual or a corporation	nager 1 you
a.	Name of General Partner:				
	Address:				
	Telephone:	()		Ownership:	%
	Type of entity:				
	☐ individual	☐ partnership	corporation	☐ limited liability com	pany
	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 comp	any
	State of Formation:			_	

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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	DIRECTORS	STOCKHOLDERS
Name:	Name:	Name:
Title:	Address:	Type of Entity:
Address:		State of Formation:
	Telephone No.:	Address:
Telephone No.:	N	
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:
		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 **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	MEMBERS Indicate the Managing	MANAGERS/OFFICERS Indicate the Chief Manager(s),
N	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:	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:	
	Telephone No.:	Telephone No.:
	Telephone No.:	_
Indicate if the LLC listed above is: M	Member Managed Manager Manager Manager Manager	d 🗖 Board

