

LESSOR IDENTITY DISCLOSURE

The following information must be filled out accurately and accompany your proposal.

Date _____

NAME OF LESSOR: _____

LESSOR FEDERAL I.D.#: _____

Please indicate the legal status of your company and complete the appropriate section(s):

_____ Corporation (Complete Section A) _____ PARTNERSHIP (Complete Section B) _____ SOLE PROPRIETOR (Complete Section C)
or Limited Liability Co. or Limited Liability Partnership

A. CORPORATION or Limited Liability Co. (L.L.C.): List all officers of the corporation below and percent of stock. Each officer's signature is required. Attach additional sheets if needed. If a L.L.C. check box and list members. Also list managers if lessor is a manager managed L.L.C.

NAME: _____

TITLE: PRESIDENT _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

SIGNATURE: _____

NAME: _____

TITLE: SECRETARY _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: VICE PRESIDENT _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

SIGNATURE: _____

NAME: _____

TITLE: TREASURER _____

ADDRESS: _____

PERCENTAGE OF STOCK: _____

SIGNATURE: _____

(CORPORATION SEAL)

B. PARTNERSHIP or Limited Liability Partnership (L.L.P.): List all general, limited or special partners. Indicate any managing partner. If general or managing partner is a corporation, please complete Section A. If a L.L.P. check box and list partners.

NAME: _____

TITLE: _____
(GENERAL, LIMITED, SPECIAL)

ADDRESS: _____

NAME: _____

TITLE: _____
(GENERAL, LIMITED, SPECIAL)

ADDRESS: _____

NAME: _____

TITLE: _____
(GENERAL, LIMITED, SPECIAL)

ADDRESS: _____

NAME: _____

TITLE: _____
(GENERAL, LIMITED, SPECIAL)

ADDRESS: _____

C. SOLE PROPRIETOR: If the lessor is a sole proprietorship or co-owner doing business under any name or designation other than that of the individual owning the sole proprietorship or co-ownership.

BUSINESS NAME: _____

SIGNATURE OF PROPRIETOR: _____

ADDRESS: _____