### **COMPLETE ALL FIELDS**

FULL ENTITY LEGAL NAME	
ALL TRADE NAMES OR FICTITIOUS	
NAMES, IF ANY	
STATE OF FORMATION	
PRINCIPAL BUSINESS STREET	
ADDRESS (NO P.O. BOXES)	
EMPLOYER IDENTIFICATION	
NUMBER	
OR SSN IF DISREGARDED ENTITY	
CTA REPRESENTATIVE	NAME:
(AS SELECTED BY YOU)	PHONE:
	EMAIL:
LIST OF:	LIST ALL APPLICABLE BY <u>NAME ONLY</u> :
<b>EQUITY OWNERS</b>	
DIRECTORS	
MANAGERS	
Officers (President,	
VICE-PRESIDENT,	
TREASURER, SECRETARY, CEO, CFO, COO, GENERAL	
Counsel or similar role)	
GENERAL PARTNERS	
OTHER PERSONS THAT	
DIRECT OR MANAGE THE	COMPLETE BENEFICIAL OWNER INFORMATION PAGE FOR
COMPANY	EACH INDIVIDUAL

IF THE COMPANY IS <u>OWNED OR MANAGED BY ANOTHER ENTITY</u>, COMPLETE SEPARATE CTA CHECKLIST FOR EACH ENTITY.

IF THE COMPANY IS <u>OWNED OR MANAGED BY A TRUST</u>, COMPLETE TRUST INFORMATION CHECKLIST FOR EACH TRUST

#### TRUST INFORMATION

### ONLY COMPLETE IF COMPANY IS OWNED OR MANAGED BY A TRUST

LEGAL NAME OF TRUST:		
WAS TRUST AGREEMENT PREPARED BY STARK & KNOLL?	Yes	No
IS THE TRUST REVOCABLE?	Yes	No
DOES TRUSTEE HAVE AUTHORITY TO DISPOSE OF TRUST ASSETS?	Yes	No
DO BENEFICIARIES HAVE RIGHT TO WITHDRAWAL TRUST ASSETS?	Yes	No
LIST OF:	LIST ALL APPLICABLE BY NAME ONLY:	
GRANTORS (INDIVIDUAL WHO ESTABLISHED TRUST)		
TRUSTEES		
PRIMARY BENEFICIARIES		
* IDENTIFY THE PARENT OR LEGAL GUARDIAN OF ANY		
BENEFICIARY UNDER THE AGE OF EIGHTEEN	COMPLETE BENEFI	ICIAL OWNER INFORMATION PAGE FOR EACH

COMPLETE BENEFICIAL OWNER INFORMATION FOR EACH INDIVIDUAL

#### **BENEFICIAL OWNER INFORMATION**

		OFFICIAL TITLE (DIRECTOR, OFFICER SHAREHOLDER,		
		MANAGER, MEMBER,	OWNERSHIP	
	LEGAL NAME OF	GRANTOR, TRUSTEE,	PERCENTAGE	
	INDIVIDUAL	BENEFICIARY, ETC.)	(IF OWNER)	RESIDENTIAL ADDRESS
	I. (BI VIB C.IE	BENEFICE HET, ETC.)	(If Switzer)	RESIDENTIAL TEDENESS
PERSON 1				
PERSON 2				
PERSON 3				
Person 4				
Person 5				
PERSON 6				
PERSON 7				
PERSON 8				
PERSON 9				
PERSON 10				
PERSON 11				
PERSON 12				

PROVIDE COPY OF DRIVER'S LICENSE FOR EACH INDIVIDUAL

I HEREBY ACKNOWLEDGE AND AGREE THAT THE INFORMATION PRESENTED IN THIS CTA CHECKLIST IS TRUE, ACCURATE AND COMPLETE. I FURTHER AUTHORIZE STARK & KNOLL CO. L.P.A. TO CHARGE MY CREDIT CARD THE APPLICABLE FEE UPON THE FILING OF THE BENEFICIAL OWNERSHIP REPORT.

UNLESS OTHERWISE APPROVED, STARK & KNOLL WILL NOT FILE THE BENEFICIAL OWNERSHIP REPORT WITHOUT A VALID CREDIT CARD.

CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVV:	
BILLING ZIP CODE:	
PRIMARY STARK & KNOLL ATTORNEY:	
ENTITY NAME:	
NAME OF SIGNING INDIVIDUAL:	
TITLE OF SIGNING INDIVIDUAL:	
SIGNATURE & DATE:	

Submit completed CTA Checklist via Stark & Knoll's secure document link or via email to CTACompliance@Stark-Knoll.com