

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

NON-PROFIT ORGANIZATIONS, LLCs AND CORPORATION APPLICANTS

Required Information for Applicant Entity

1. All officers or directors (*corporations and non-profit organizations*) are required to provide complete page 4 information and provide a criminal record check from the Missouri State Highway Patrol.
2. All owners/investors, either as individuals or other parent entities, having 10% or more financial interest must be listed on page 4 of the **application**.
 - a. Individuals with 10% or more ownership in the applicant entity are required to provide complete page 4 information and provide a corresponding criminal record check from the Missouri State Highway Patrol.
3. All entities with 10% or more ownership in the applicant entity must submit a Certificate of Good Standing.

Required Information for Parent Entities of Non-Profit Organizations, LLCs or Corporations

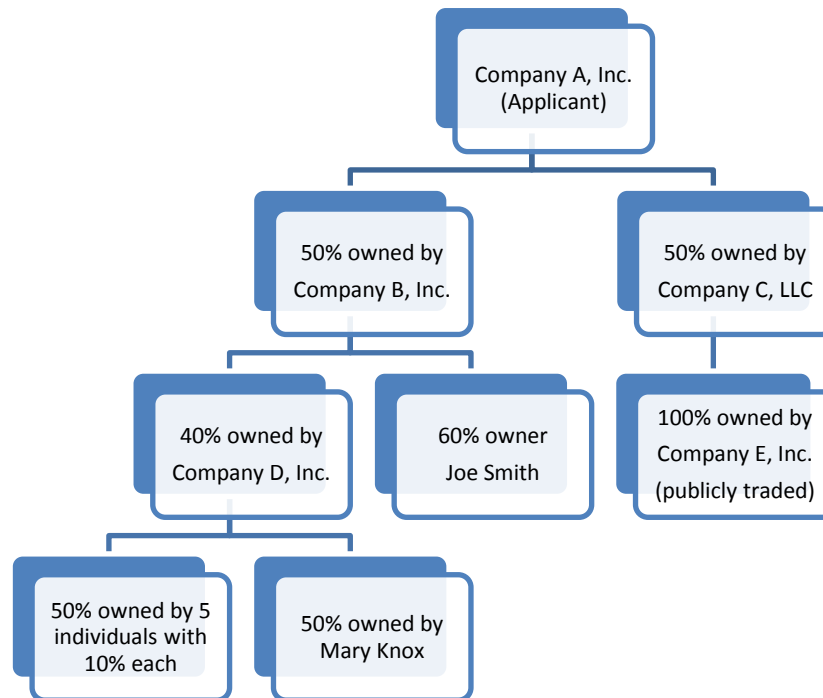
1. All parent entities holding 10% or more overall ownership in the *applicant* entity must disclose *their* ownership for shareholders or members who also hold 10% or more of the *applicant* entity.
 - a. Individuals within a parent entity who hold 10% or more overall ownership in the *applicant* entity are required to provide complete page 4 information and provide a criminal record check from the Missouri State Highway Patrol.
 - b. No officer information or corresponding criminal records checks are required for parent corporations or limited partnerships.
2. All parent entities with 10% or more overall ownership in the *applicant* entity, regardless of their tier, must submit a Certificate of Good Standing.

❖ Exceptions for Parent Entities

- Publicly traded companies and private equity funds are not required to disclose *their* ownership, but must be listed as an owner if their ownership is 10% or more in the *applicant* entity. It must be listed that they are publicly traded or a private equity fund. A Certificate of Good Standing is required if they hold 10% or more overall ownership in the *applicant* entity.
 - A fund/finance manager is required for all private equity funds holding 10% or more interest in the applicant entity.
- Limited Partnerships – see “Limited Partnership Applicants” section for explanation.

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

Sample Scenario 1



See Sample Scenario 1 Appendix for Sample Page 4 Documents

Ownership Documentation Required with Company A, Inc.'s Application

- Company A, Inc.
 - Must disclose officer information and provide criminal record checks for each officer;
 - Must disclose owners with 10% or more (Company B, Inc., and Company C, LLC); and
 - Must provide good standing for Company A, Inc.

- Company B, Inc.
 - No officer information is required for parent corporations.
 - Must disclose owners with 10% or more overall interest in Company A, Inc. (Company D, Inc. and Joe Smith);
 - Must provide criminal record check for Joe Smith; and
 - Must provide good standing for Company B, Inc.

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

- Company C, LLC
 - Must disclose owners with 10% or more overall interest in Company A, Inc. (Company E, Inc.) and indicate that Company E, Inc. is publicly traded; and
 - Must provide good standing for Company C, LLC.

- Company D, Inc.
 - Must disclose owners with 10% or more overall interest in Company A, Inc. (Mary Knox) and provide full page 4 information for each;
 - Must disclose “5 shareholders, each with less than 10% overall interest in Company A, Inc.”; and
 - Must provide criminal record check for Mary Knox.
 - Must provide good standing for Company D, Inc.

- Company E, Inc.
 - No officer information is required for parent corporations.
 - Must indicate Company E, Inc. is publicly traded (*no ownership information required*); and
 - Must provide good standing for Company E, Inc.

Determining Ownership Reporting Requirements for Company A, Inc.

Formula for Company D, Inc.

$$\frac{40}{100} \times \frac{50}{100} = (40 \times 50) \div (100 \times 100) = .2$$

Co. D's %
of Co. B Co. B's %
of Co. A

$$.2 \times 100 = 20\%$$

Company D's overall ownership in Company A (the applicant entity) is 20%, so Company D must be listed as an owner of Company A and full page 4 information must be provided for all of their owners with 10% or more overall interest in

Formula for Joe Smith

$$\frac{60}{100} \times \frac{50}{100} = (60 \times 50) \div (100 \times 100) = .3$$

Joe's %
of Co. B Co. B's %
of Co. A

$$.3 \times 100 = 30\%$$

Joe Smith's overall ownership in Company A is 30%, so Joe Smith must be listed as an owner of Company A and full page 4 information for him must be provided.

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

Formula for 5 Individuals with 10% each of Company D, Inc.

$$\frac{10}{100} \times \frac{40}{100} \times \frac{50}{100} = (10 \times 40 \times 50) \div (100 \times 100 \times 100) = .02$$

100	100	100
Mary % of Co. A	Co. A % of Co. B	Co. B % of Co. C

$$.02 \times 100 = 2.0\%$$

These 5 individuals' overall ownership of Company A is less than 10%, so Company A would NOT have to provide page 4 information for them other than to indicate "5 members with less than 10% each".

Formula for Mary Knox's 50% of Company D, Inc.

$$\frac{50}{100} \times \frac{40}{100} \times \frac{50}{100} = (10 \times 40 \times 50) \div (100 \times 100 \times 100) = .1$$

100	100	100
Mary % of Co. D	Co. D % of Co. B	Co. B % of Co. A

$$.1 \times 100 = 10\%$$

Mary Knox's overall ownership of Company A is 10%, so Company A must provide full page 4 information for her.

SAMPLE PAGE 4 DOCUMENTS FOR SCENARIO 1 ON THE NEXT FOUR (4) PAGES

SHAREHOLDER - MEMBER - OFFICER INFORMATION					
LAST NAME COMPANY B, INC.		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME COMPANY C, LLC		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION					
LAST NAME COMPANY D, INC.		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 40%	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME SMITH		FIRST NAME JOE	MIDDLE INITIAL E	DATE OF BIRTH 02/02/2000	PLACE OF BIRTH ANYWHERE, USA
SOCIAL SECURITY NUMBER 123-45-6789	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* SHAREHOLDER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 60%	
ADDRESS 234 ELM ST.		CITY JEFFERSON CITY	STATE & ZIP CODE MO 65202	TELEPHONE NUMBER (573)111-1111	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NUMBER	

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION					
LAST NAME COMPANY E, INC. (publicly traded)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 100%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION						
LAST NAME KNOX		FIRST NAME MARY		MIDDLE INITIAL A	DATE OF BIRTH 01/01/1920	PLACE OF BIRTH SOMEWHERE, MO
SOCIAL SECURITY NUMBER 111-11-1111		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* SHAREHOLDER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS 11 LONE DR			CITY JEFFERSON CITY		STATE & ZIP CODE MO 65101	TELEPHONE NUMBER (573)111-1111
LAST NAME 5 additional shareholders with less than 10% each		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

LIMITED PARTNERSHIP APPLICANTS

Required Information for Applicant Entity

1. All officers of the limited partnership are required to provide complete page 4 information and provide a corresponding criminal record check from the Missouri State Highway Patrol.
2. General Partner(s), regardless of their percentage, must be disclosed.
3. Limited Partner(s) are required to be disclosed if their overall ownership interest in the applicant entity is 10% or more.
4. A Certificate of Good Standing is required for all general partner entities, and any limited partner entities holding 10% or more interest in the applicant entity.

Required Information for Parent Entities of the Limited Partnership

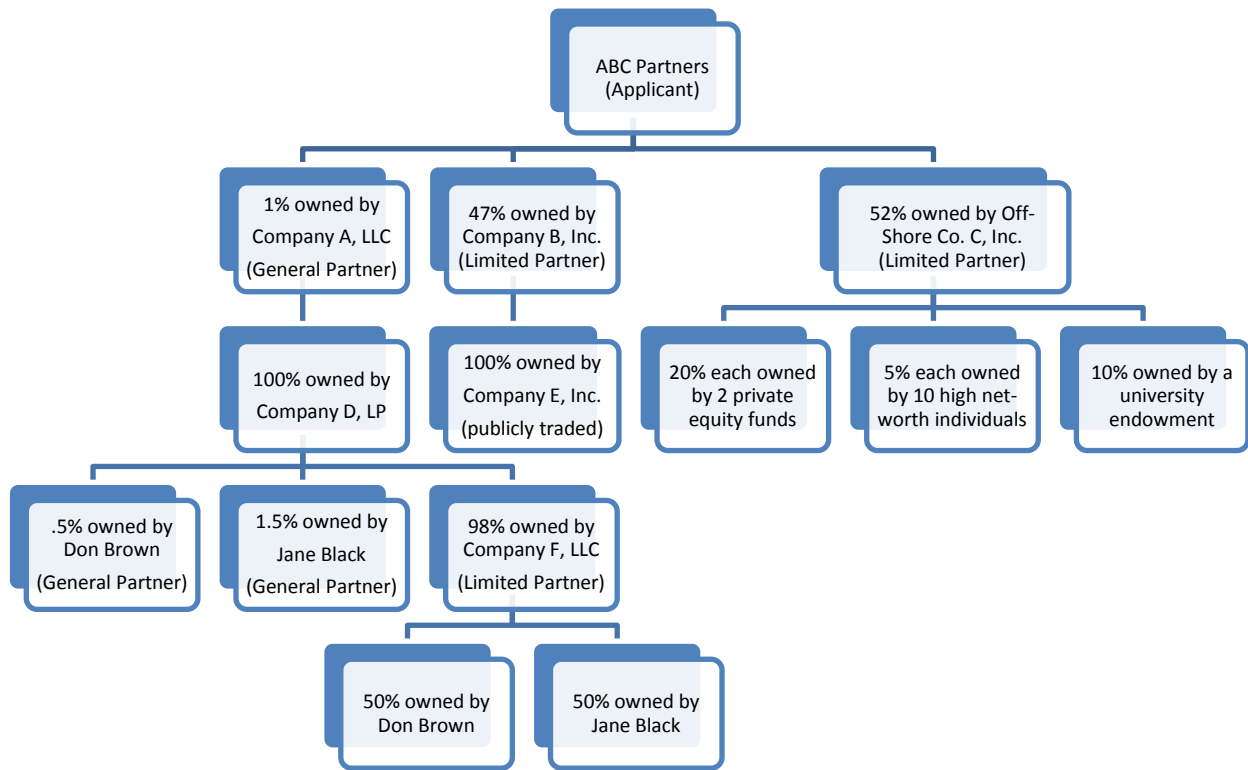
1. All General Partners, regardless of percentage, must disclose *their* ownership.
 - a. Complete page 4 information is required for those individuals and/or entities holding 10% or more of any *general partner* entity.
2. All Limited Partners holding 10% or more overall ownership of the *applicant* entity must disclose *their* ownership, providing complete page 4 information for those individuals and/or entities holding 10% or more of the *applicant* entity.

❖ Exceptions for Parent Entities

- Publicly traded companies and private equity funds are not required to disclose *their* ownership, but must be listed as an owner if their ownership is 10% or more in the *applicant* entity or any *general partner*. It must be listed that they are publicly traded or a private equity fund. A Certificate of Good Standing is required if they hold 10% or more overall ownership in the *applicant* entity.
 - A fund/finance manager is required for all private equity funds holding 10% or more interest in the applicant entity or any general partner.

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

Sample Scenario 2



See Sample Scenario 2 Appendix for Sample Page 4 Documents

Ownership Documentation Required with ABC Partners Application

- ABC Partners
 - Must disclose officer information and provide criminal record checks for each officer;
 - Must disclose all general partners (Company A, LLC) and any limited partners with 10% or more ownership interest (Company B, Inc. and Off-Shore Co. C, Inc.); and
 - Must provide a Certificate of Good Standing for ABC Partners.

- Company A, LLC (*general partner*)
 - Regardless of percentage, general partners must disclose all owners with 10% or more ownership interest in the *general partner, Company A, LLC* (Company D, LP); and
 - Must provide a Certificate of Good Standing for Company A, LLC, a general partner (regardless of percentage).

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

- Company B, Inc. (*limited partner*)
 - No officer information is required for parent corporations.
 - Must disclose owners with 10% or more overall interest in the *applicant, ABC Partners* (Company E, Inc.) and indicate that Company E, Inc. is publicly traded; and
 - Must provide a Certificate of Good Standing for Company B, Inc.

- Off-Shore Co. C, Inc.
 - No officer information is required for parent corporations.
 - Must disclose owners with 10% or more overall interest in the *applicant, ABC Partners* (both private equity funds and the university endowment);
 - Must disclose total percentage of ownership with less than 10% (e.g., “50% held by members with less than 10% each”); and
 - Must provide a Certificate of Good Standing for Off-Shore Co. C, Inc.

- Company D, LP
 - Must disclose all general partners (Don Brown and Jane Black) and any limited partners with 10% or more ownership interest in the *general partner, Company A, LLC* (Company F, LLC); and
 - Must provide a Certificate of Good Standing for Company D, LP.

- Company E, Inc.
 - Must indicate Company E is publicly traded (*no ownership information required*); and
 - Must provide a Certificate of Good Standing for Company E, Inc.

- Private Equity Funds (2)
 - Must indicate the name of each fund and that they are private equity funds and provide the fund manager’s complete information on page 4; and
 - Must provide a Certificate of Good Standing for each fund.

- High Net-Worth Individuals (10)
 - No reporting requirements except that it must be indicated on Off-Shore Co. C, Inc.’s page 4 document “50% held by members with less than 10% each”.

- University Endowment
 - Must indicate the name of the endowment fund and provide the fund manager’s complete information on page 4; and

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

- Must provide a Certificate of Good Standing for each fund.
- Don Brown (*general partner*)
 - As a general partner of Company D, LP, full page 4 information is required for Don Brown; and
 - Must provide criminal record check for Don Brown.
- Jane Black (*general partner*)
 - As a general partner of Company D, LP, full page 4 information is required for Jane Black; and
 - Must provide criminal record check for Jane Black.
- Company F, LLC (*limited partner*)
 - While Company F, LLC is a limited partner, they are part of the general partner tier branch for Company A, LLC. Therefore, ABC Partners must disclose owners of Company F, LLC that have 10% or more overall interest in the *general partner, Company A, LLC* (Don Brown and Jane Black) and provide complete page 4 information for each;
 - Must provide criminal record check for Don Brown and Jane Black; and
 - Must provide a Certificate of Good Standing for Company F, LLC

Determining Ownership Reporting Requirements for ABC Partners

Formula for 2 Private Equity Funds (PEF) with 20% each of Off-Shore Co. C, Inc.

$$\frac{20}{100} \times \frac{52}{100} = (20 \times 52) \div (100 \times 100) = .104$$

PEF's % of Co. C Co. C's % of ABC Ptn

$$.104 \times 100 = 10.4\%$$

The PEF's overall ownership in ABC Partners (the applicant entity) is 10.4% each, so both must be disclosed as owners and report that they are private equity funds.

Formula for 10 individuals with 5% each of Off-Shore Co. C, Inc.

$$\frac{5}{100} \times \frac{52}{100} = (5 \times 52) \div (100 \times 100) = .026$$

Ind's % of Co. Co. C's % of ABC Ptn

The 10 high-net worth individuals' overall ownership in ABC Partners is 2.6%, so ABC Partners only has to report "50% held by members with less than 10% each".

Reporting Financial Interest for Applicant Entities (Non-Profit Organizations, LLCs, Corporations and Limited Partnerships)

$$.026 \times 100 = 2.6\%$$

Formula for university endowment with 10% of Off-Shore Co. C, Inc.

$$\frac{10}{100} \times \frac{52}{100} = (10 \times 52) \div (100 \times 100) = .052$$

100 100
Univ's % Co. C's %
of Co. C of ABC Ptn

$$.052 \times 100 = 5.2\%$$

The university endowment's overall ownership of ABC Partners is less than 10%, so ABC Partners only has to report "1 endowment with less than 10%).

Formula for Don Brown & Jane Black's 50% each of Company F, LLC

$$\frac{50}{100} \times \frac{98}{100} \times \frac{100}{100} = (50 \times 98 \times 100) \div (100 \times 100 \times 100) = .49$$

100 100 100
Ind's % Co. F % Co. D %
of Co. F of Co. D of Co A

$$.49 \times 100 = 49\%$$

Don Brown & Jane Black's overall ownership of Company A, LLC (a general partner) is 49%, so ABC Partners must provide full page 4 information for them.

SAMPLE PAGE 4 DOCUMENTS FOR SCENARIO 2 ON THE NEXT SIX (6) PAGES

SHAREHOLDER - MEMBER - OFFICER INFORMATION					
LAST NAME COMPANY A, LLC (general partner)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 1%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME COMPANY B, INC. (limited partner)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 47%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME OFF-SHORE CO. C, INC. (limited partner)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 52%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME JONES		FIRST NAME TOM	MIDDLE INITIAL A	DATE OF BIRTH 01/02/1970	PLACE OF BIRTH JUNK, MO
SOCIAL SECURITY NUMBER 111-22-3333	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* PRESIDENT		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 0%	
ADDRESS 99 JUNK LANE		CITY JUNK	STATE & ZIP CODE MO 65000		TELEPHONE NUMBER (573) 111-1234
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION						
LAST NAME COMPANY D, LP		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 100%
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F		POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST
ADDRESS			CITY		STATE & ZIP CODE	TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION					
LAST NAME COMPANY E, INC. (publicly traded)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 100%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION					
LAST NAME AAA FUNDS (private equity fund)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 20%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME THOMAS		FIRST NAME DALE	MIDDLE INITIAL E	DATE OF BIRTH 11/11/1911	PLACE OF BIRTH TEXAS
SOCIAL SECURITY NUMBER 444-44-4444	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* FUND MANAGER OF AAA FUNDS		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 0%	
ADDRESS 44 TURNER DR		CITY AMARILLO	STATE & ZIP CODE TX 55555		TELEPHONE NUMBER (555)111-1234
LAST NAME BBB FUNDS (private equity fund)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 20%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME PETERS		FIRST NAME JOAN	MIDDLE INITIAL R	DATE OF BIRTH 12/12/1912	PLACE OF BIRTH OHIO
SOCIAL SECURITY NUMBER 555-55-5555	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* FUND MANAGER OF BBB FUNDS		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 0%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME 10 INDIVIDUALS WITH LESS THAN		FIRST NAME 10% EACH	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME UNIVERSITY EDOWMENT		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 10%	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME DAVIS		FIRST NAME MASON	MIDDLE INITIAL B	DATE OF BIRTH 09/09/1999	PLACE OF BIRTH IOWA
SOCIAL SECURITY NUMBER 333-33-3333	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* FUND MANAGER OF U.E.		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 0%	
ADDRESS 123 MACKEY LN		CITY JUNCTION	STATE & ZIP CODE IA 12345		TELEPHONE NUMBER (999)999-9999
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER
LAST NAME		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY	STATE & ZIP CODE		TELEPHONE NUMBER

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION						
LAST NAME BROWN		FIRST NAME DON		MIDDLE INITIAL D	DATE OF BIRTH 08/08/1988	PLACE OF BIRTH MISSOURI
SOCIAL SECURITY NUMBER 123-45-4545		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* GENERAL PARTNER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST .5%	
ADDRESS 99 2ND ST		CITY KANSAS CITY		STATE & ZIP CODE MO 66666	TELEPHONE NUMBER (555)555-5555	
LAST NAME BLACK		FIRST NAME JANE		MIDDLE INITIAL J	DATE OF BIRTH 07/07/1977	PLACE OF BIRTH MISSOURI
SOCIAL SECURITY NUMBER 787-78-7878		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* GENERAL PARTNER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 1.5%	
ADDRESS 78 SEVENTH ST		CITY ST LOUIS		STATE & ZIP CODE MO 63133	TELEPHONE NUMBER (123)123-1234	
LAST NAME COMPANY F, LLC		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION* LIMITED PARTNER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 98%	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR

SHAREHOLDER - MEMBER - OFFICER INFORMATION						
LAST NAME BROWN		FIRST NAME DON		MIDDLE INITIAL D	DATE OF BIRTH 08/08/1988	PLACE OF BIRTH MISSOURI
SOCIAL SECURITY NUMBER 123-45-4545		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	POSITION* MEMBER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS 99 2ND ST		CITY KANSAS CITY		STATE & ZIP CODE MO 66666	TELEPHONE NUMBER (555)555-5555	
LAST NAME BLACK		FIRST NAME JANE		MIDDLE INITIAL J	DATE OF BIRTH 07/07/1977	PLACE OF BIRTH MISSOURI
SOCIAL SECURITY NUMBER 787-78-7878		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	POSITION* MEMBER		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST 50%	
ADDRESS 78TH SEVENTH ST		CITY ST LOUIS		STATE & ZIP CODE MO 63133	TELEPHONE NUMBER (123)123-1234	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	POSITION*		NUMBER OF SHARES OWNED/% MEMBERSHIP INTEREST	
ADDRESS		CITY		STATE & ZIP CODE	TELEPHONE NUMBER	

*POSITION = PRESIDENT, VICE-PRESIDENT, EXECUTIVE VICE-PRESIDENT, SECRETARY, TREASURER, MEMBER, SHAREHOLDER, CHAIRMAN, TRUSTEE, CEO, DIRECTOR