U.S. Department of Transportation

Personal Net Worth Statement For DBE/ACDBE Program Eligibility

As of 12/1/15

OMB APPROVAL NO:
EXPIRATION DATE:

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the Unified Certification Program (UCP) recipient to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. **Return form to appropriate UCP certifying member, not U.S. DOT.**

Name	Sandra K Fein	Business Phone 509-830-2626
Residence Address (As reported to the IRS) City, State and Zip Code	1241 Nelson Rd. Granger, WA 98932	Residence Phone 509-854-2626
Business Name of Applicant Firm	Chocolate Enterprises Airport	
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)	Kenneth O.Fein, married	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash and Cash Equivalents	RCW 42.56.230(5) [redacted]		
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)			
Brokerage, Investment Accounts			
Assets Held in Trust			
Loans to Shareholders & Other Receivables (Complete section 6)			
Real Estate Excluding Primary Residence (Complete Section 4)			
Life Insurance (Cash Surrender Value Only) (Complete Section 5)			
Other Personal Property and Assets (Complete Section 6)			
Business Interests Other Than the Applicant Firm (Complete Section 7)			
Total Assets			

Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
None					

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Commonwealth IRA- #1 Jointly held by spouse,			RCW 42.56.230(5) [redacted]	
Commonwealth IRA - #2 Jointly held by spouse.				
Commonwealth #3 Jointly held by spouse				
Liquidation costs - taxes and fees				
Total value if liquididated				
Community Property spousal share, 50%				

Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Primary Residence	Property B	Property C
Type of Property	RCW 42.56.230(5) [redacted]		
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information
Northwestern Mutual Life Ins.	RCW 42.56.230(5) [redacted]			
Taxes to liquidate				
Community Prop w/spouse				

Section 6. Other Personal Property and Assets (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
VW Jetta TDI, 2006	RCW 42.56.230(5) [redacted]			
Household Goods / Jewelry				
Other (List)				
total				
Community property, with spouse, 50%				
Accounts and Notes Receivables				

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Chocolate Enterprises Northwest, LLC - retail chocolate store Downtown Seattle, Partnership and Community Property with spouse. My % of 37.5% is valued at approx $188,000. Value based on approx 3 years profit basis.

Section 8. Other Liabilities and Unpaid Taxes (Describe)

None

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes ☐ No ☑ If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

Sandra K. Fein 1/22/16
Signature (DBE/ACDBE Owner) Date

NOTARY CERTIFICATE:
(Insert applicable state acknowledgment, affirmation, or oath)
See Attached next page

In collecting the information requested by this form, the Department of Transportation complies with Federal Freedom of Information and Privacy Act (5 U.S.C. 552 and 552a) provisions. The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Disadvantaged Business Enterprise (DBE) Program or Airport Concessionaire DBE Programs as defined in 49 C.F.R. Parts 23 and 26. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).

State of Washington
SS.
County of Yakima

I certify that I know or have satisfactory evidence that Sundra K. Fair is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

DATED: 1-22-16

Name: Cristina Castillo

NOTARY PUBLIC in and for the State Washington

Residing at Zillah

My appointment expires: 8-19-18

CRISTINA CASTILLO
NOTARY PUBLIC
COMMISSION EXPIRES 8-19-18
STATE OF WASHINGTON

U.S. Department of Transportation

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Name	Kenneth O. Fein	Business Phone 509-830-1413
Residence Address (As reported to the IRS) City, State and Zip Code	1241 Nelson Rd. Granger, WA 98932	Residence Phone 509-854-2626
Business Name of Applicant Firm	Chocolate Enterprises Airport	
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)	Sandra K.Fein, married	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash and Cash Equivalents	RCW 42.56.230(5) [redacted]		
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)			
Brokerage, Investment Accounts			
Assets Held in Trust			
Loans to Shareholders & Other Receivables (Complete section 6)			
Real Estate Excluding Primary Residence (Complete Section 4)			
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Other Personal Property and Assets (Complete Section 6)			
Business Interests Other Than the Applicant Firm (Complete Section 7)			
Total Assets			

Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
None					

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
RCW 42.56.230(5) [redacted]				

Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Primary Residence	Property B	Property C
Type of Property	Home	Rental	
Address	RCW 42.56.230(5) [redacted]		
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information
Northwestern Mutual Life Ins.	RCW 42.56.230(5) [redacted]			
Taxes to liquidate				
Community Prop w/spouse				

Section 6. Other Personal Property and Assets (Use attachments as necessary)				
Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				

RCW 42.56.230(5)

[redacted]

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Chocolate Enterprises Northwest, LLC - retail chocolate store Downtown Seattle, Partnership and Community Property with spouse. My ownership of 37.5% is valued at approx $188,000. Value based on approx 3 years profit basis.

Section 8. Other Liabilities and Unpaid Taxes (Describe)

None

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes ☐ No ☑ If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

Kenth O. Fiume 1/22/10
Signature (DBE/ACDBE Owner) Date

NOTARY CERTIFICATE:
(Insert applicable state acknowledgment, affirmation, or oath)
See Attached next page

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State of Washington
SS.
County of Yakima

I certify that I know or have satisfactory evidence that Kenneth O Fair is the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

DATED: 1-22-16

Name: Cristina Castillo

NOTARY PUBLIC in and for the State Washington
Residing at Zillah

My appointment expires: 8.19.18

CRISTINA CASTILLO
COMMISSION EXPIRES
NOTARY
PUBLIC
8-19-18
STATE OF WASHINGTON

U.S. Department of Transportation

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As of 12/01/15

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Name	Carolyn Fein	Business Phone 805-242-8384
Residence Address (As reported to the IRS) City, State and Zip Code	5410 Hausna Townsite Rd, Arroyo Grande, CA, 93420	Residence Phone 805-242-8384
Business Name of Applicant Firm	Chocolate Enterprises Airport	
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)	Married; Ian Halcott	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash and Cash Equivalents	RCW 42.56.230(5) [redacted]		
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)			
Brokerage, Investment Accounts			
Assets Held in Trust			
Loans to Shareholders & Other Receivables (Complete section 6)			
Real Estate Excluding Primary Residence (Complete Section 4)			
Life Insurance (Cash Surrender Value Only) (Complete Section 5)			
Other Personal Property and Assets (Complete Section 6)			
Business Interests Other Than the Applicant Firm (Complete Section 7)			
Total Assets			

Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
RCW 42.56.230(5) [redacted]					

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
RCW 42.56.230(5) [redacted]				

Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information
RCW 42.56.230(5) [redacted]				

Section 6. Other Personal Property and Assets (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
RCW 42.56.230(5) [redacted]				
Accounts and Notes Receivables				

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Chocolate Enterprises Northwest LLC - retail chocolate store downtown Seattle, Partnership and community property with spouse. My ownership of 12.5% is approximately $62,500. Value based on approx 3 years profit basis.

Section 8. Other Liabilities and Unpaid Taxes (Describe)

None

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes ☐ No ☑ If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

Signature (DBE/ACDBE Owner) 1/14/16 Date

NOTARY CERTIFICATE:
(Insert applicable state acknowledgment, affirmation, or oath)

SEE ATTACHED FOR
NOTARY CERTIFICATE

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CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of SAN LUIS OBISPO }

On Jan 14, 2016 before me, MARIO A LOPEZ, NOTARY PUBLIC,
(Here insert name and title of the officer)

personally appeared Carolyn Fein,
who proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ie~~s~~), and that by his/her/their signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature (Notary Public Seal)

UPS4 MARIO A. LOPEZ Commission # 2119025 Notary Public - California San Luis Obispo County My Comm. Expires July 11, 2019 UPS4

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Personal Net Worth
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 5 Document Date 1/14/16

CAPACITY CLAIMED BY THE SIGNER

- ☑ Individual (s)
- ☐ Corporate Officer
  (Title)
- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they,~~ is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865

U.S. Department of Transportation

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Name	Ian Halcott	Business Phone 805-242-8265
Residence Address (As reported to the IRS) City, State and Zip Code	5410 Hausna Townsite Rd, Arroyo Grande, CA, 93420	Residence Phone 805-242-8384
Business Name of Applicant Firm	Chocolate Enterprises Airport	
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)	Married; Carolyn Fein	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash and Cash Equivalents	RCW 42.56.230(5) [redacted]		
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)			
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Assets Held in Trust			
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Business Interests Other Than the Applicant Firm (Complete Section 7)			
Total Assets			

Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
Chase Credit Card	RCW 42.56.230(5) [redacted]				
US Bank					
total					
community property with spouse 50%					

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
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Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
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Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information
Alliance One	RCW 42.56.230(5) [redacted]			

Section 6. Other Personal Property and Assets (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
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RCW 42.56.230(5)

[redacted]

Accounts and Notes Receivables				

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Chocolate Enterprises Northwest LLC - retail chocolate store downtown Seattle, Partnership and community property with spouse. My ownership of 12.5% is approximately $62,500. Value based on approx 3 years profit basis.

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Signature (DBE/ACDBE Owner) 1-14-16 Date

NOTARY CERTIFICATE:
(Insert applicable state acknowledgment, affirmation, or oath)
See Attached Page

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Luis Obispo)

On January 14th 2016 before me, Tori L. Miles, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Ian Halcott
Name(s) of Signer(s)

,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

TORI L. MILES
Commission # 2107896
Notary Public - California
San Luis Obispo County
My Comm. Expires Apr 20, 2019

Signature
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Personal Net Worth Statement Document Date: 1/14/16
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____