

DISCLOSURE AFFIDAVIT

STATE OF Illinois)
COUNTY OF Champaign) ss.

I, the undersigned, being duly sworn, do state as follows:

SECTION 1. BUSINESS STATUS STATEMENT

A. Eastside Warehouse Development, LLC (insert complete legal company name),
(hereafter "Contractor" or "Vendor") is a:

- Corporation
- Partnership
- Limited Liability Corporation (LLC)
- Individual or Sole Proprietorship

Contractor's Federal Tax Identification Number, or in the case of an individual or sole proprietorship, Social Security Number: 26-2215780

(If a Corporation, complete B; If a Partnership or LLC, complete C; If an Individual, complete D)

B. CORPORATION

The State of Incorporation is _____.

Registered Agent of Corporation in Illinois:	Business Information (If Different from Registered Agent):
Name	Company Address, Principal Office
Address	City, State, Zip
City, State, Zip	Telephone Facsimile
Telephone	Website

The corporate officers are as follows (list and identify all corporate officers - attach additional sheets if necessary):

President: _____

Vice President: _____

Secretary: _____

Attach a List of all shareholders owning five percent (5%) or more of the stock in the corporation.

C. PARTNERSHIP OR L.L.C.

The business address is: 804 N. Neil St., Suite 103, Champaign, IL 61820

Telephone: 217-898-8855 Fax: _____

Website or Email Address: jjmellander@gmail.com

The partners or members are as follows: (Attach additional sheets if necessary)

(Name, Home Address and Telephone) Jerry Ragle, Member 307 McGee Circle Urbana, IL 61802	217-367-8369
(Name, Home Address and Telephone) Jeff Mellander, Member 804 N. Neil, Apt 201 Champaign IL 61820	217-898-8855
(Name, Home Address and Telephone) Virginia Ragle, Member 307 McGee Circle Urbana IL 61802	217-367-8369

Manager of LLC (attach additional sheets as needed):

Name: Jerry Ragle, Manager

Address: 307 McGee Circle Urbana IL 61802

Telephone: 217-367-8369

Jeff Mellander, Manager
804 N. Neil, Apt 201
Champaign, IL 61820
217-898-8855

D. INDIVIDUAL PROPRIETORSHIP

The business address is _____

Telephone: _____ Fax: _____

My home address is _____

Telephone: _____ Fax: _____

Email or website: _____

CONTRACTOR/VENDOR

Jeffrey J. Mellandee
Signature

Printed Name: Jeffrey J. Mellandee

Title: _____

SUBSCRIBED and SWORN to before me this 29 day of October, 2015.

Samantha J. Lage
Notary Public

My Commission Expires: February 21, 2017

