Submission Deadline: January 13, 2024 22007apply.gov

PART C (continued): INFORMATION ABOUT ADDITIONAL ENTITY MEMBERS		Applicant's Social Security Number
Indicate the entity name from page 7 here:		or Individual Taxpayer ID Number
Entity Name:		
, I		
If there is more than one entity, make a cop	y of this page as many times as needed	
Other entity members:		
Last Name:	First Name:	
Social Security Number or <i>Individual</i> Taxpayer	Percentage of interest during	
Identification Number, if known:	the period of discrimination	
	%	
Last Name:	First Name:	
Social Security Number or Individual Taxpayer Identification Number, if known:	Percentage of interest during the period of discrimination	
Identification Number, if known.		
	<u>%</u>	
Last Name:	First Name:	
Social Security Number or <i>Individual</i> Taxpayer	Percentage of interest during	
Identification Number, if known:	the period of discrimination	
	%	
Last Name:	First Name:	
Social Security Number or Individual Taxpayer Identification Number, if known:	Percentage of interest during the period of discrimination	
Identification Number, if known.		
	%	
Last Name:	First Name:	
Social Security Number or <i>Individual</i> Taxpayer	Percentage of interest during	
Identification Number, if known:	the period of discrimination	
	%	
	First No. 20	
Last Name:	First Name:	
Social Security Number or Individual Taxpayer Identification Number, if known:	Percentage of interest during the period of discrimination	
	% M	
	/6	