

CITY OF NAPERVILLE
DISCLOSURE OF BENEFICIARIES

EXHIBIT B

In compliance with Ordinance 85-193, An Ordinance amending Title 1 (Administrative) of the Naperville Municipal Code, as amended, by adding Chapter 12 thereto requiring disclosure of certain interests by persons applying for permits, licenses, approvals or benefits from the City of Naperville.

1. Petitioner: Seigle's Cabinet Center, LLC
Address: 1120 S. Route 59 - Suite 116
Naperville, IL 60451

2. Nature of Benefit sought: Sign Permit Zoning Variance

3. Nature of Applicant (select one):

- | | | | |
|------------------------|--------------------------|------------------|-------------------------------------|
| a. Natural Person | <input type="checkbox"/> | d. Trust/Trustee | <input type="checkbox"/> |
| b. Corporation | <input type="checkbox"/> | e. Partnership | <input checked="" type="checkbox"/> |
| c. Land Trust/ Trustee | <input type="checkbox"/> | f. Joint Venture | <input type="checkbox"/> |

4. If applicant is an entity other than described in Section 3, briefly state the nature and characteristics of applicant:

5. If in your answer to Section 3 you checked box b, c, d, e or f, identify by name and address each person or entity which is a 5% shareholder in the case of a corporation, a beneficiary in the case of a trust or land trust, a joint venture in the case of case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses or right to control such entity:

- a. Mark Seigle, 14N844 Lac Du Beatrice Dundee, IL 60118
- b. Margot Seigle, 14N844 Lac Du Beatrice Dundee, IL 60118
- c. Joel Seigle, 14N844 Lac Du Beatrice Dundee, IL 60118
- d. _____

6. Name, address and capacity of person making this disclosure on behalf of the applicant:
Mark Seigle, 14N844 Lac Du Beatrice Dundee, IL 60118

IMPORTANT NOTE: In the event your answer to Section 5 identifies entities other than a natural person, additional disclosures are required for each entity.

VERIFICATION

I, Nancy Guthrie, being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the applicant, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: *Nancy Guthrie*

Subscribed and Sworn to before me this 16th day of November, 2018

OFFICIAL SEAL
NANCY GUTHRIE
Notary Public and Seal STATE OF ILLINOIS
My Commission Expires 7/25/2021