PROPOSAL REQUIREMENT # 2 AS APPLICABLE OWNERSHIP DISCLOSURE CERTIFICATION

Name of Business: Caransoft Technology Cuip.	
that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned business organization. OR	
I certify that the bidder is a corporation and the list below contains the names and addresses of all stockholders who own 10% or more of the stock of any class of the corporation. OR	
I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.	
Check the box that represents the type of business organization: I certify	
Partnership Partnership	Sole Proprietorship Limited
Limited Liability Corporation Limited Liability Partnership Subchapter S Corporation	
Sign and notarize the form below, and, if necessary, complete the stockholder list below and copy form if additional space is needed).	
Name: Craig P. Abod	Name:
Home Address: 1860 Michael Favaday Dr. 2eston, VA 20190	Home Address:
Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:
Subscribed and sworn before me this day of Jy,	(Affiant)
(Notary Public) My Commission expires. June 30, 2016	(Print name & title of affiant) Cash of t Leche Cap (Name of business)
LEIGH ANNE GRADY Notary Public Commonwealth of Virginia	(Name of business) (Corporate Seal)
7582441 My Commission Expires Jun 30, 2018	