

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

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"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name MET ONE INSTRUMENTS, INC.

D/B/A: -

FEIN NO.: 93-1007023

Street Address: 1600 NW WASHINGTON BLVD

City: GRANTS PASS

State: OREGON

Zip Code: 97526

Phone No.: 541 471 7111

Fax Number: 541 471 7116

Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

C CORPORATION INCORPORATED IN THE STATE OF OREGON ON JUNE 22, 1989. A COPY OF OUR CERTIFICATE OF EXISTANCE ACCOMPANIES OUR BID.

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
<u>TOM + JOANN POTTBERG</u>	<u>1600 NW WASHINGTON BLVD. GRANTS PASS, OR 97526</u>	<u>95%</u>
<u>SIBATA SCIENTIFIC TECHNOLOGY LTD.</u>	<u>1-1-62 NAKANE SOKA-CITY, SAITAMA, JAPAN 340-0005</u>	<u>5%</u> <u>100%</u>

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No.
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
TOM POTTBERG	1600 NW WASHINGTON BLVD.	PRESIDENT + CEO	SINCE 1989
JAMES R LOFTIN		CHIEF FINANCIAL OFFICER	SINCE 2008
JOANN POTTBERG	GRANTS PASS, OREGON 97526	SECRETARY + TREASURER	SINCE 1989
PETER POMPONI		VICE PRESIDENT	SINCE 1989

Declaration (check the applicable box):

I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Met One Instruments, Inc.
 James Riley Loftin

Name of Authorized Applicant/Holder Representative (please print or type)

Signature: *James Riley Loftin*

E-mail address: sales@metone.com

Subscribed to and sworn before me this 18 day of April, 2015

X *Diane M. Welsh*
 Notary Public Signature

CFO
 Title
 4-18-2016
 Date
 541-471-7111
 Phone Number

My commission expires:



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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name SECUREWORKS, INC.

D/B/A: DELL SECUREWORKS FEIN NO.: 26-2032356

Street Address: One Concourse Parkway, Suite 500

City: Atlanta State: GA Zip Code: 30328

Phone No.: 404-327-6339 Fax Number: 404-728-0144 Email: info@secureworks.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) WHOLLY OWNED SUBSIDIARY OF DELL INC.

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
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Dell SecureWorks Response: None

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
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Not applicable

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
DELL INC.	One Dell Way, Round Rock, TX 78682	100 %	Parent Company

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Michael Dell	One Dell Way, Round Rock, TX 78682	Chief Executive Officer	since 1984
Marius Haas	One Dell Way, Round Rock, TX 78682	Chief Commercial Officer and President	
Karen Quintos	One Dell Way, Round Rock, TX 78682	Chief Marketing Officer	
Richard Rothberg	One Dell Way, Round Rock, TX 78682	SVP, General Counsel	
Thomas Sweet	One Dell Way, Round Rock, TX 78682	SVP, Chief Financial Officer	
Jeffrey Clarke	One Dell Way, Round Rock, TX 78682	Vice Chairman, Operations and President, Client Solutions	
Steve Price	One Dell Way, Round Rock, TX 78682	SVP, Human Resources	
Rory Read	One Dell Way, Round Rock, TX 78682	Chief Integration Officer	
John Swainson	One Dell Way, Round Rock, TX 78682	President, Software	
Sures Vaswani	One Dell Way, Round Rock, TX 78682	President, Services	

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Tiles in Style, LLC

D/B/A: Taza Supplies

FEIN NO.: 392049523

Street Address: 1212 S Naper Blvd Suite # 119-109

City: Naperville

State: Illinois

Zip Code: 60540

Phone No.: 877-827-2841

Fax Number: 866-552-8262

Email: aalam@tazasupplies.com

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 02093685

Form of Legal Entity:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other (describe) _____ | | | |

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Mariam Ezzy	246 COVINGTON CT, NAPERVILLE IL 60565	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Mariam Ali	246 COVINGTON CT, NAPERVILLE IL 60565	President	9 Years

Declaration (check the applicable box):

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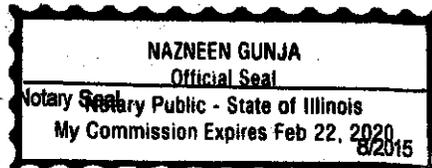
Mariam Ezzy
 Name of Authorized Applicant/Holder Representative (please print or type)
[Signature]
 Signature
Sales@tilesinstyle.com
 E-mail address

President
 Title
3/23/10
 Date
630-473-9004
 Phone Number

Subscribed to and sworn before me this 28 day of March 2016

My commission expires: Feb 22, 2020

X *[Signature]*
Notary Public Signature



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This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name Valdes LLC

D/B/A:

FEIN NO.: 27-4116029

Street Address: 3177 MacArthur Blvd

City: Northbrook

State: IL

Zip Code: 60062

Phone No.: (847) 657-6000

Fax Number: (847) 235-6569

Email: shahir.ahmed@valdesllc.com

Cook County Business Registration Number: (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 03393567

Form of Legal Entity:

- [] Sole Proprietor [] Partnership [X] Corporation [] Trustee of Land Trust
[] Business Trust [] Estate [] Association [] Joint Venture
[] Other (describe)

Ownership Interest Declaration:

- 1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name Address Percentage Interest in Applicant/Holder
Shahir Ahmed 1541 Windy Hill Dr. Northbrook IL 60062 100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
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3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [X] No
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Shahr Ahmed	377 MacArthur Blvd Northbrook IL 60062	President	

Declaration (check the applicable box):

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I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Ishtiaq Ahmed
Name of Authorized Applicant/Holder Representative (please print or type)

Signature

Ishtiaq.Ahmed@vallesupply.com
E-mail address

Subscribed to and sworn before me this 12th day of April, 2016

X [Signature]
Notary Public Signature

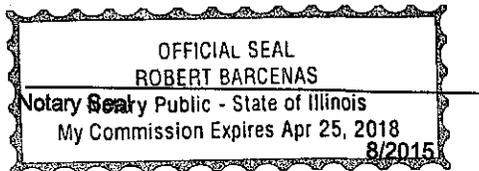
EDS-7

Director
Title

4-25-16
Date

(847) 657-6000
Phone Number

My commission expires: 4-25-2018



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Cook's Direct Inc.

D/B/A: _____ FEIN NO.: 36-4131384

Street Address: 27725 Diehl Rd.

City: Warrenville State: IL Zip Code: 60555

Phone No.: 800-956-5571 Fax Number: 800-956-6322 Email: bids@cooksdirect.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
- Business Trust Estate Association Joint Venture
- Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
<u>Jeff Breeden</u>	<u>Warrenville, IL</u>	<u>100%</u>

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Jeff Breeden	27125 Dienl Rd.	Warrenville, IL 60555	C.E.O.

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Jeff Breeden
Name of Authorized Applicant/Holder Representative (please print or type)

Jeff Breeden
Signature

jbreedden@cooksdirect.com
E-mail address

Subscribed to and sworn before me this 25th day of May, 2016

X *Teri Teclaw*
Notary Public Signature

Chief Executive Officer
Title

05-25-2016
Date

630-821-6300 X 1066
Phone Number

My commission expires:



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT



ORIGINAL

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Identifying Information:

Name Telmate LLC

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 270317304

Street Address: 655 Montgomery St. 18th Floor

City: San Francisco State: CA Zip Code: 94111

Phone No.: 415-300-4323 Fax Number: 415-520-0343 Email: proposals@telmate.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Richard Torgersrud	655 Montgomery St. 18th Floor San Francisco CA 94111	50%
Kevin O'Neil	655 Montgomery St. 18th Floor San Francisco CA 94111	50%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

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Scott Lam

Name of Authorized Applicant/Holder Representative (please print or type)

[Handwritten Signature]

Signature

scott@telmate.com

E-mail address

Subscribed to and sworn before me
this 9 day of July, 2015.

x LISA GARCIA

Notary Public Signature

General Counsel

Title

07/09/2015

Date

415-300-4323

Phone Number

My commission expires: 6/29/18

Notary Seal

