

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. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"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 LexisNexis VitalChek Network Inc.

D/B/A: _____ FEIN # Only: 62-1365614

Street Address: 840 Crescent Centre Drive Suite 300

City: Franklin State: TN Zip Code: 37067

Phone No.: 202-365-6548 Fax Number: _____ Email: Haywood.J.Talcove@LNSSI.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
LexisNexis Risk Solutions FL Inc.	1000 Alderman Dr., Alpharetta, GA 30005	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

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:

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

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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Haywood Talcove

CEO

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

Title

Haywood Talcove *EF*

02/07/2025

Signature

Date

Haywood.J.Talcove@LNSSI.com

202-365-6548

E-mail address

Phone Number

Subscribed to and sworn before me
this 7th day of Feb, 2025.

My commission expires:

X

Notary Public Signature

Notary Seal



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 Family Works, Inc.

D/B/A: _____ FEIN # Only: 31-1525115

Street Address: 92 Van Ness Avenue

City: Ashland State: OR Zip Code: 97520

Phone No.: (740) 594-2526 Fax Number: (541) 482-2324 Email: don@divorce-education.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
Donald A. Gordon	[REDACTED]	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
Donald A. Gordon		[REDACTED]

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
Donald Gordon,	[REDACTED]	[REDACTED]	Executive Director, Indefinite
Sheldon Silverberg,	[REDACTED]	[REDACTED]	Chief Operating Officer, Indefinite

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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Donald A. Gordon
Name of Authorized Applicant/Holder Representative (please print or type)

Donald A. Gordon
Signature

don@divorce-education.com
E-mail address

Executive Director
Title

11/25/2025
Date

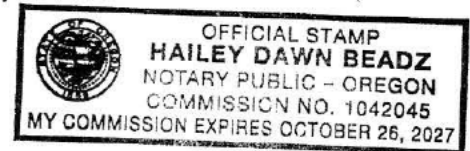
(541) 201-7680
Phone Number

Subscribed to and sworn before me
this 25 day of NOV, 2025

My commission expires: October 26, 2027

Hailey Beatz
Notary Public Signature

Notary Seal



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Avertest, LLC

D/B/A: Averhealth FEIN # Only: 27-3929226

Street Address: 2400 Old Brick Rd Suite 142

City: Glen Allen State: VA Zip Code: 23060

Phone No.: 804-508-6202 Fax Number: N/A Email: DDelagnes@averhealth.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
Averhealth Intermediate Corporation	366 Madison Ave Floor 4, New York, NY 10017	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
N/A			

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
Dominique Delagnes		CEO	

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Dominique Delagnes

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

Dominique Delagnes
Signature

LMohr@averhealth.com

E-mail address

Chief Executive Officer

Title

5/22/2025

Date

804-508-6202

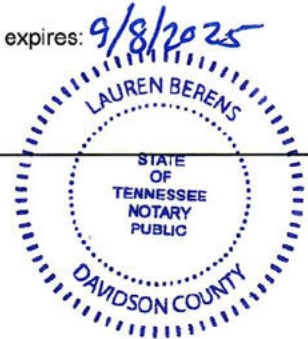
Phone Number

Subscribed to and sworn before me
this 22nd day of May, 2025.

X Lauren Berens
Notary Public Signature

My commission expires: 9/8/2025

Notary Seal



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name ANN KNIGHT

D/B/A: Knights Body Shop Inc

FEIN # Only: 30-0138371

Street Address: 8604 Plainfield Road

City: LYONS

State: IL

Zip Code: 60534

Phone No.: 708-447-2037

Fax Number: 708-447-2696

Email: a-knightsbodyshop@att.net

Cook County Business Registration Number: 10818211
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): D 6258-302-9

Form of Legal Entity:

- ☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Trustee of Land Trust
☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture ☐ LLC
☐ 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	Email Address
Ann M Knight	8604 Plainfield Rd	100%	a-knightsbodyshop@att.net

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

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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
Ann M Knight	8604 Plainfield Rd	Pres.	Until Retire

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Ann M Knight
Name of Authorized Applicant/Holder Representative (please print or type)
Ann M Knight
Signature
a-knightstbodyshop@att.net
E-mail address

Pres
Title
5/19/2025
Date
708-447-2037
Phone Number

Subscribed to and sworn before me
this 19th day of may, 2025

My commission expires: 03/01/2026

X Tammy Scariano
Notary Public Signature



Notary Seal

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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name **Runbeck Election Services, LLC**

D/B/A: - FEIN # Only: 20-2681027

Street Address: 2800 S. 36th Street

City: Phoenix State: Arizona Zip Code: 85034

Phone No.: (602) 230-0510 Fax Number: 602-437-1411 Email: rpf@runbeck.net

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) LLC

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
Lincoln Shields, LLC	30 N Gould St, STE N, Sheridan, WY 82801	91.79%

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
The LLC listed in (1) is not acting as an agent or nominee. It holds the ownership interest as principal.		

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
Black Mountain Investment Company	8325 West Happy Valley Rd STE 220 Peoria, AZ 85383	100%	Parent Company

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

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Rizwan Fidai

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

Signature

rfp@runbeck.net

E-mail address

Chief Revenue Officer

Title

11/20/2025

Date

602-230-0510

Phone Number

Subscribed to and sworn before me
this 20 day of Nov 2025

My commission expires: 10-18-2027

X

Notary Public Signature

Notary Seal



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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Clarity Partners, LLC

D/B/A: N/A FEIN # Only: 80-0123899

Street Address: 20 N. Clark Street, Suite 3600

City: Chicago State: Illinois Zip Code: 60602

Phone No.: (312) 920-0550 Fax Number: (312) 920-0554 Email: d.namkung@claritypartners.com

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

Corporate File Number (if applicable): Illinois LLC File Number - 01141198

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☒ Other (describe) Limited Liability Company

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
David C. Namkung	20 N. Clark Street, Suite 3600, Chicago, IL 60602	51%
Rodney S. Zech	20 N. Clark Street, Suite 3600, Chicago, IL 60602	49%

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
NA		

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
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
David C. Namkung	20 N. Clark Street, Suite 3600, Chicago, IL 60602	Managing Member	Perpetual
Rodney S. Zech	20 N. Clark Street, Suite 3600, Chicago, IL 60602	Managing Member	Perpetual

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

David C. Namkung
Name of Authorized Applicant/Holde. R_epresentative (please print or type)
David C. Namkung
Signature
d.namkung@claritypartners.com
E-mail address

Managing Member
Title
10/30/2025
Date
(312) 920-0550
Phone Number

Subscribed to and sworn before me
this 30th day of October, 20 25
x Shivani Raval
Notary Public Signature

My commission expires: 3/14/2027

Notary Seal



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. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"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 SUTTON FORD

D/B/A: _____ FEIN # Only: 36-366281

Street Address: 21315 CENTRAL AVE

City: MATTESON State: IL Zip Code: 60443

Phone No.: 708-720-8000 Fax Number: _____ Email: KARMALASUTTON@SUTTONAUTOTEAM.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 ☐ LLC
☐ 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	Email Address
KAREN FORD	21315 CENTRAL AVE	51%	KFORD@SUTTONAUTOTEAM
KARMALA SUTTON	21315 CENTRAL AVE	49%	KARMALASUTTON@SUTTON

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

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:

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
KAREN FORD	21315 CENTRAL AVE	OWNER	PERPETUAL
KARMALA SUTTON	21315 CENTRAL AVE	OWNER	PERPETUAL

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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

KARMALA SUTTON

OWNER

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

Title

Signature

Date

KARMALASUTTON@SUTTONFORD.COM

10-22-25
709-720-8000

E-mail address

Phone Number

Subscribed to and sworn before me
this 22nd day of OCT 2025

My commission expires:

10/31/27

Karen T. Et

Notary Public Signature



Notary Seal

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 SUTTON FORD

D/B/A: _____ FEIN # Only: 36-669281

Street Address: 21315 CENTRAL AVE, MATTESON, IL 60443

City: MATTESON State: IL Zip Code: 60443

Phone No.: 708-720-8000 Fax Number: _____ Email: KFORD@SUTTONAUTOTEAM.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 ☐ LLC
☐ 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	Email Address
KAREN FORD	21315 CENTRAL AVE, MATT	51%	KFORD@SUTTONAUTOTEAM
KARMALA SUTTON	21315 CENTRAL AVE, MATT	49%	KARMALASUTTON@SUTTON

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

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:

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
KAREN FORD	21315 CENTRAL AVE, MATTESON, IL 60443	OWNER	PERPETUAL
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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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

KAREN FORD

OWNER

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

Karen Ford

Signature

KFORD@SUTTONAUTOTEAM.COM

E-mail address

Title

10/22/25

Date

708-720-8000

Phone Number

Subscribed to and sworn before me

this 22 day of Oct, 2025

My commission expires:

10/31/27

x *Karen T. Etienne*

Notary Public Signature



Notary Seal

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 Heartland Human Care Services, Inc.

D/B/A: _____ FEIN # Only: 36-4053244

Street Address: 4822 N Broadway, 2nd Floor

City: Chicago State: IL Zip Code: 60640

Phone No.: 773-433-1200 Fax Number: N/A Email: dsinski@heartlandhumancareservices.org

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

Corporate File Number (if applicable): 588445479

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☒ Other (describe) No for -Profit

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
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
NONE		

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☒] No
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Name	Address	Percentage of Beneficial Interest	Relationship
NONE			

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
David Sinski	4822 N. Broadway, Chicago, IL 60640	Chief Executive	Indefinite
Melissa Ells	4822 N. Broadway, Chicago, IL 60640	Controller	Indefinite
Nicole Curtis	4822 N. Broadway, Chicago, IL 60640	COO	Indefinite

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.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

David Sinski

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

Signature

dsinski@heartlandhumancareservices.org

E-mail address

Subscribed to and sworn before me
this 3rd day of April, 2025

X

Notary Public Signature

Chief Executive and Vision Officer

Title

Date

773-433-1200

Phone Number

My commission expires: 3/25/2027

Notary Seal



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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Stertil-Koni USA, Inc.

D/B/A: _____ FEIN # Only: 522010741

Street Address: 200 Log Canoe Circle

City: Stevensville State: MD Zip Code: 21666

Phone No.: 410.643.9001 Fax Number: 410.643.8901 Email: lifts@sterdil-koni.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 ☐ LLC

☐ 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	Email Address
Stertil Enterprises	200 Log Canoe Circle, Stevensville, MD 21666	100%	lifts@stertil-koni.com

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
NONE		

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☐] No
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Scott Steinhardt	200 Log Canoe Circle,	President	4 Years
Tore Melsom	Stevensville, MD 21666	CFO	19 Years

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Scott Steinhardt

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

Signature

scott@stertil-koni.com

E-mail address

Subscribed to and sworn before me
this 22 day of September 2025

President

Title

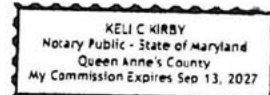
09/10/2025

Date

410.643.9001

Phone Number

My commission expires: September 13, 2027



X

Keli C. Kirby

Notary Public Signature

Notary Seal

