BENEFICIAL OWNER(S) AND CONTROL PERSON

Information to be collected from client representative by deal team member:				
Name and title of natural person engaging Houlihan Lokey:				
Name and address of legal entity company by which Houlihan Lokey is being engaged:				
Public Company Government Agency Bank Government Pension Fund				
All Other Entities (Please complete items 1 & 2 if checked) 1. The following information for <u>each</u> individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the client legal entity company listed above:				
Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security # OR For Legal Entities: Tax ID Number	For Foreign Persons: Passport Number and Country of Issuance ¹
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(If no individual meets this definition, pleas	se write "Noi	Applicable and provide the client legal e	ntity name, address and TIN)	
2. The following information for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing				
		ce President, Treasurer); or any of	<u>*</u>	
Control Person:		First Name	Middle Initial	
Title:				
Legal Entity:				
(If appropriate, an individual listed at	ove may also	o be listed in this section.)		

Please send via email the completed form to the Compliance Department.

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.