STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT

Supplemental Ownership Form

28-A M.R.S. §651

All Questions Must Be Answered Completely.

1. Company or sole proprietor legal name:	2. Date of incorporation/registration:	3. State of incorporation:
Migis Lodge Inc.	1/1984	Maine

List the following information for officers, directors, owners equal to or over 10%, and persons with indirect financial interest in the applicant.

Name	Date of Birth	Phone or E-mail	Address	Title	Ownership Stake (%)
Joan S Porta	[redacted]	[redacted] yahoo.com	[redacted] Casco ME 04015	President	40
Jed Porta	[redacted]	jed@migis.com	[redacted] Portland ME 04103		12
Christine Porta	[redacted]	[redacted] @gmail.com	[redacted] Estes Park Co 80517		12
Michael Porta	[redacted]	[redacted] @mac.com	[redacted] Wenham MA 01984		12
Ian Ross	[redacted]	[redacted] @hotmail.com	[redacted] Windham ME 04062		12
Susannah Ross	[redacted]	[redacted] @yahoo.com	[redacted] Casco ME 04015		12