Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.	Amendme	ent		Date Stamp	california 409				
	☐ Check	box if an A	mendment I						
	3	1 1	23		For Official Use Only				
	Date qua	lification thr	eshold met						

			#	/	· /							,	
			1 "-		fication thre		t						
LLC Information				(,							
	NAME OF RESPONSIBLE	OFFICER OR	PRINCIPAL OF	FICER:	PRINCIPAL/F	RESPONSI	BLE OFFICE	R PHON	E#: PRINCIPA	L/RESPC	NSIBLE OF	FICER EMAIL	
461 N Beverly Drive LLC	Anish Melwani			(415) 389-6800					form4	form410@nmgovlaw.com			
LLC STREET ADDESS:	CITY:	STATE:	ZIP CODE:	CODE: LLC MAIL		NG ADDESS (IF DIFFERENT)): CITY:			STATE:	ZIP CODE	
19 East 57th Street	New York NY		10022	N/A									
NAME OF COMMITTEE:			COMMI	TTEE ID:	: С	OMMITTE	PHONE N	JMBER:	COMMITTEE	EMAILA	DDRESS:		
LVMH Moet Hennessy Louis Vuitton Inc. and Affiliated Entities				N/A (415) 389-6800 form410@)@nm	nmgovlaw.com		
COMMITTEE STREET ADDESS:	CITY:	STATE:	ZIP CODE:	COMM	ITTEE MAIL	ING ADDE	SS (IF DIFF	ERENT):	: CITY:		STATE:	ZIP CODE	
19 East 57th Street	New York NY		10022)22 2350 Kerner B			r Blvd., Suite 250			fael	CA	94901	
Members (If any members are othe	er LLCs. further di	sclosure is	s required	in Pa	rt 3.)								
FULL NAME	MEMBERSHIP TYPE				TE(S) OF CA (ONLY COMPLE CAPITAL CONT	PITAL CON	TRIBUTION R HAS MET		MULATIVE CAI			CENTAGE	
	MEMBERSHIP 10% OR GREATER				CAPITAL CONT	RIBUTION TH	RESHOLD)	CON	CONTRIBUTIONS TO LLC		OWNERSHIP INTERES		
LVMH Moet Hennessy Louis Vuitton Inc.	1=	S \$10,000 OR M	OR MORE										
	☐ MEMBERSH	HIP 10% OR GR	REATER										
	CAPITAL CONTRIBUTIONS \$10												
	☐ MEMBERSH	MEMBERSHIP 10% OR GREATER											
	☐ CAPITAL CONTRIBUTIONS \$10,0												
☐ MEMBERSHIP 10% OR GREATER													
	ONTRIBUTIONS	S \$10,000 OR M	ORE										
Names of Member LLCs Listed in	n Part 2												
NAME OF LLC LISTED IN PART 2							FULL NAM	IES OF	MEMBERS				
Verification													
I have used all reasonable diligence in prepari	ing this Statement. Ih	nave reviewe	d this Staten	nent and	d, to the b	est of my	knowledg	e, the i	information o	containe	d in it is tr	ue and	
complete. I certify under penalty of perjury un	ider the laws of the Sta	ate of Califor	nia that the f	oregoin	g is true a	na correc	I.						

FPPC Form 409 (Nov/2021) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

03/01/2023

Executed on _

SIGNATURE