

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input checked="" type="checkbox"/> Check box if an Amendment # <u>1 / 1 / 22</u> Date qualification threshold met (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 409 For Official Use Only
--	------------	---

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Bally's Interactive, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Craig Eaton	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 1721 Choice Hills Drive	CITY: Henderson	STATE: NV	ZIP CODE: NV
LLC MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd., Suite 250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901
NAME OF COMMITTEE: Californians for Solutions to Homelessness and Mental Health Support, a Coalition of Housing and Mental Health Experts, Concerned Taxpayers and Digital Sports Entertainment and Gaming Companies	COMMITTEE ID: 1440682	COMMITTEE PHONE NUMBER: (415) 389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 2350 Kerner Blvd., Suite 250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Interstate Racing Association, Inc.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE		\$1,882,000	100%
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of Calif _____; and correct.

Executed on 01/19/2022
DATE

By 
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print
Clear