

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

Check box if an Amendment
1 / 1 / 22
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: **YES ON 27 - 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): **2350 Kerner Blvd., Suite 250** CITY: **San Rafael** STATE: **CA** ZIP CODE: **94901**

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

| FULL NAME | MEMBERSHIP TYPE | DATE(S) OF CAPITAL CONTRIBUTION (COMPLETE MEMBER AS SET CAPITAL CONTRIBUTION THRESHOLD) | 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 | | \$238,857,251 | 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 California that the foregoing is true and correct.

Executed on 4/22/2024 By _____
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear

SIGNATURE