

**Limited Liability Company (LLC)  
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

|  |
|--|
| <p><b>Amendment</b></p> <p>Check box if an Amendment</p> <p># <u>    /    /    </u></p> <p>Date qualification threshold met<br/>(Month, Day, Year)</p> |
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|                   |
|-------------------|
| <p>Date Stamp</p> |
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| <p><b>CALIFORNIA FORM 409</b></p> <p>For Official Use Only</p> |
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**1. LLC Information**

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| LEGAL NAME OF LIMITED LIABILITY COMPANY:  | NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: | PRINCIPAL/RESPONSIBLE OFFICER PHONE #: | PRINCIPAL/RESPONSIBLE OFFICER EMAIL: |
| LLC STREET ADDRESS:                       | CITY:   | STATE:                                 | ZIP CODE:                            |
| LLC MAILING ADDRESS (IF DIFFERENT):       |   | CITY:                                  | STATE:                               |
| ZIP CODE:                                 |   | STATE:                                 | ZIP CODE:                            |
| NAME OF COMMITTEE:                        | COMMITTEE ID:                                     | COMMITTEE PHONE NUMBER:                | COMMITTEE EMAIL ADDRESS:             |
| COMMITTEE STREET ADDRESS:                 | CITY:   | STATE:                                 | ZIP CODE:                            |
| COMMITTEE MAILING ADDRESS (IF DIFFERENT): |   | CITY:                                  | STATE:                               |
| ZIP CODE:                                 |   | 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<br>(ONLY COMPLETE IF MEMBER HAS MET<br>CAPITAL CONTRIBUTION THRESHOLD) | CUMULATIVE CAPITAL<br>CONTRIBUTIONS TO LLC | PERCENTAGE<br>OWNERSHIP INTEREST |
|-----------|---|--|--|----------------------------------|
|           | MEMBERSHIP 10% OR GREATER<br>CAPITAL CONTRIBUTIONS \$10,000 OR MORE |  |  |                                  |
|           | MEMBERSHIP 10% OR GREATER<br>CAPITAL CONTRIBUTIONS \$10,000 OR MORE |  |  |                                  |
|           | MEMBERSHIP 10% OR GREATER<br>CAPITAL CONTRIBUTIONS \$10,000 OR MORE |  |  |                                  |
|           | MEMBERSHIP 10% OR GREATER<br>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 \_\_\_\_\_ DATE By \_\_\_\_\_ SIGNATURE

Attach additional information on appropriately labeled continuation sheets.