Limited Liability Company	(LLC
Statement of Members	

Type or Print in Ink.

Amendment	Date Stamp	CALIFORNIA 409			
☐ Check box if an Amendment					
5 / 16 / 24		For Official Use Only			
Date qualification threshold met (Month, Day, Year)					

(Government Code Section 84109)

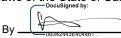
				(Month, Day						
١.	LLC Information									
	LEGAL NAME OF LIMITED LIABILITY COMPANY: NAME OF	F RESPONSIBLE OFFICER OR PRINC	IPAL OFFIC	ER: PRINCIPA	AL/RESPONSIBLE OFFICE	ER PHONI	E#: PRINCIPAL	/RESPON	ISIBLE OFF	ICER EMAIL:
	Biltmore Financial, LLC Greg	Hostetler		(209) 826-6200			almondranch@gmail.com			
	LLC STREET ADDRESS: CITY		CODE: LI	C MAILING AD	DRESS (IF DIFFERENT):		CITY:		STATE:	ZIP CODE:
	923 E. Pacheco Blvd., Suite C Lo	s Banos CA 9	3635							
	NAME OF COMMITTEE:		COMMITTE	EE ID:	D: COMMITTEE PHONE NUMBER		R: COMMITTEE EMAIL ADDRESS:			
	Greg Hostetler and Affiliated Entities	1367451			(209) 826-6200 almon		almondra	dranch@gmail.com		
	COMMITTEE STREET ADDRESS: CITY		ZIP CODE: COMMITTEE I		AILING ADDRESS (IF DI	SS (IF DIFFERENT): CITY:			STATE:	ZIP CODE:
	923 E. Pacheco Blvd., Suite C Lo	s Banos CA 9	3635							
2.	Members (If any members are other LLC	s. further disclosure is rec	guired in	Part 3.)						
	FULL NAME			CAPITAL CONTRIBUTION PLETE IF MEMBER HAS MET DITTRIBUTION THRESHOLD)	CUN	ULATIVE CAPI			ENTAGE	
	· · · · · · · · · · · · · · · · · · ·	MEMBERSHIP TYPE MEMBERSHIP 10% OR GREATE		CAPITAL CONTRIBUTION THRESHOLD)		CONTRIBUTIONS TO LLC		LLC	OWNERSHIP INTEREST	
	Greg Hostetler	CAPITAL CONTRIBUTIONS \$10,0		E					10	0%
		☐ MEMBERSHIP 10% OR GREATE	R							
		CAPITAL CONTRIBUTIONS \$10,0	000 OR MOR	E						
		☐ MEMBERSHIP 10% OR GREATE	R							
		☐ CAPITAL CONTRIBUTIONS \$10,0		E						
		☐ MEMBERSHIP 10% OR GREATER		_						
		CAPITAL CONTRIBUTIONS \$10,0	000 OR MOR	E						
3.	Names of Member LLCs Listed in Par	t 2								
	NAME OF LLC LISTED IN PART 2			FULL NAMES OF MEMBERS						
•	Varification									

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.

6/14/2024 Executed on _

DATE



SIGNATURE

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