

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<b>Amendment</b> <input type="checkbox"/> Check box if an Amendment  # <u>9</u> / <u>16</u> / <u>22</u> Date qualification threshold met (Month, Day, Year)	Date Stamp  For Official Use Only
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**CALIFORNIA**  
**FORM**  
**409**

## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Chipotle Mexican Grill U.S. Finance Co, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Ryan Guthrie	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 610 Newport Center Drive	CITY: Newport Beach	STATE: CA	ZIP CODE: 92660
NAME OF COMMITTEE: Chipotle Mexican Grill U.S. Finance Co, LLC	COMMITTEE ID: 1457182	COMMITTEE PHONE NUMBER: 415-389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 610 Newport Center Drive	CITY: Newport Beach	STATE: CA	ZIP CODE: 92660

## 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 HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Chipotle Mexican Grill of Colorado, LLC	<input checked="" 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 <input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%

## 3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS
Chipotle Mexican Grill of Colorado, LLC	Chipotle Mexican Grill, Inc.

## 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 06/22/2023 By \_\_\_\_\_  
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

**Print**
**Clear**