Limited	Liability	Company	(LLC)
	nt of Me		

Type or Print in Ink.

Amendment				Date Stamp	CALIFORNIA			
Check box if an Amendment			mendment		FORM 40			
#	8	19	24		For Official Use Only			
Date qualification threshold met (Month, Day, Year)								

(Government Code Section 84109)

						(Month, Day,	Year)					
١.	LLC Information											
								FFICER PHON				
			IAEL BENEDETTI			415-389-6800		form410@nmgovlaw.com				
	LLC STREET ADDRESS:			ZIP CO				•	CITY:	STAT		
	1800 S McDowell Blvd, Ste 100	Petaluma CA		949	54 2350 Kerner Blvd., Ste 250 MMITTEE ID: TCOMMITTEE PHONE NUMBE			San Rafael CA				
	CLOVER-STORNETTA FARMS LLC			1	мми те 2 N115 1						ngovlaw.com	
	COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CO			MITTEE MAILING ADDRESS (IF DIFFERENT			STAT		
	1800 S McDowell Blvd, Ste 100	Petaluma	CA	949		IVIIVII I LE IVIA	IILING ADDRESS (F DIFFERENT	i). Cii i.	SIAI	E. ZIP CODE.	
	- 1000 & Mobowell Biva, Ote 100	1 Ctalama		0-100	⁷							
<u>.</u>	Members (If any members are other	r LLCs, further d	isclosure is	requi	red in							
	FULL NAME	FULL NAME MEMBERSHIP TYPE							MULATIVE CAPITAL PERCENTAGE TRIBUTIONS TO LLC OWNERSHIP INTER			
	CSF Alpina, LLC	I —	■ MEMBERSHIP 10% OR GREATER □ CAPITAL CONTRIBUTIONS \$10,000						100'		100%	
		1=	MEMBERSHIP 10% OR GREATER									
			☐ CAPITAL CONTRIBUTIONS \$10,000☐ MEMBERSHIP 10% OR GREATER									
			CAPITAL CONTRIBUTIONS \$10,000									
		☐ MEMBERS	HIP 10% OR GRE	EATER								
		☐ CAPITAL C	ONTRIBUTIONS	\$10,000 C	R MORE							
3.	Names of Member LLCs Listed in	n 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.

8/23/2024
Executed on ______



SIGNATURE

FPPC Form 409 (Nov/2021)