Limited	Liability	Compa	ny (LLC)
	nt of Me	_	

(Government Code Section 84109)

Type or Print in Ink.	Amendment  Check box if an Amendment	Date Stamp	CALIFORNIA 409
	#		For Official Use Only

					(Mo	onth, Day,	Year)					
	LLC Information											
		NAME OF RESPONSIBLE OF	FFICER OR PF	RINCIPAL OFF				E OFFICER PHON				
		Timothy Vrabel				_	77-2914		tim@	emeral	dfund.c	
	LLC STREET ADDRESS:	CITY:	STATE:		LLC MA	AILING ADI	DRESS (IF DIFF	ERENT):	CITY:		STATE:	ZIP CODE:
	155 Montgomery Street, Suite 110	00 San Francisco	CA	94104								
	NAME OF COMMITTEE:			СОММІТ	TEE ID:			HONE NUMBER				
	EGB II, LLC						415-777-	_	fppc@b	omhlaw	.com	
	COMMITTEE STREET ADDRESS:	CITY:	STATE:		СОММІ	ITTEE MA	ILING ADDRES	S (IF DIFFEREN	T): CITY:		STATE:	ZIP CODE:
	155 Montgomery Street, Suite 110	00 San Francisco	CA	94104								
	Members (If any members are othe	r LLCs, further disc	closure is	required	in Pa	rt 3.)						
	FULL NAME		MBERSHIP TY				CAPITAL CONTRIBUTED IF MEMBER H	IBUTION CU	MULATIVE CA	APITAL		ENTAGE IP INTEREST
Second Street LLC		☐ MEMBERSHIP	10% OR GRE	ATER		CAPITAL CO	NTRIBUTION THRES	SHOLD) CON	TRIBUTIONS	TO LLC		IP INTEREST
			CAPITAL CONTRIBUTIONS \$10,000 OR MORE		DRE				40%			
Alcalay-Erickson Family Living Trust		MEMBERSHIP	☐ MEMBERSHIP 10% OR GREATER								30%	
		CAPITAL CON	☐ CAPITAL CONTRIBUTIONS \$10,000 OR M		DRE						30 /6	
dated Sept 12, 2006		☐ MEMBERSHIP										
		CAPITAL CON		-	DRE							
Peter A. Bosma Revocable Trust		I —	MEMBERSHIP 10% OR GREATER  CAPITAL CONTRIBUTIONS \$10,000 OR MORE		DRE						12%	
			<u>                                     </u>									
•	Names of Member LLCs Listed in	n Part 2										
NAME OF LLC LISTED IN PART 2				FULL NAMES OF MEMBERS								
Second Street LLC			• Ala	Alastair Mactaggart 2012 Irrevocable Trust								
			• Ala	Alastair Mactaggart 2010 Family Trust								
	Verification			1								

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.

03/07/2024	By-	
DATE	-, <u></u>	SIGNATURE

## CA Form 409

Final Audit Report 2024-03-08

Created: 2024-03-08

By: Ashlee Titus (atitus@bmhlaw.com)

Status: Signed

Transaction ID: CBJCHBCAABAAOh0chGLFQsWUYwszCxTXnlSXJW-m5hZx

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