

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

**Amendment**  
 Check box if an Amendment  
 # 11 / 3 / 22  
 Date qualification threshold met  
 (Month, Day, Year)

Date Stamp

**CALIFORNIA FORM 409**  
 For Official Use Only

## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: GWS Arena LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Yoyo Murphy	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 390-5305	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: ymurphy@warriors.com
LLC STREET ADDRESS: 1 Warriors Way	CITY: San Francisco	STATE: CA	ZIP CODE: 94158
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: GWS Arena LLC and Affiliated Entities	COMMITTEE ID: 1329729	COMMITTEE PHONE NUMBER: 415-389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 1 Warriors Way	CITY: San Francisco	STATE: CA	ZIP CODE: 94158
COMMITTEE MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd, Ste. 250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901

## 2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
GWS Arena Holdings LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<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			

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

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS
GWS Arena Holdings LLC	GWS Sports LLC

## 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 11/3/2022  
 DATE

By Yoyo Murphy  
 SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

**Print** **Clear**