

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment
<u>3 / 5 / 2024</u> Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Ghost Management Group, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Brian Camire	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (949) 486-7499	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: bcamire@weedmaps.com
LLC STREET ADDRESS: 41 Discovery	CITY: Irvine	STATE: CA	ZIP CODE: 92618
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Ghost Management Group, LLC DBA Weedmaps	COMMITTEE ID: 1376825	COMMITTEE PHONE NUMBER: (949) 486-7499	COMMITTEE EMAIL ADDRESS: bcamire@weedmaps.com
COMMITTEE STREET ADDRESS: 41 Discovery	CITY: Irvine	STATE: CA	ZIP CODE: 92618
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

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
WM Holding Company, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			99.9%
	<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
WM Holding Company, LLC	WM Technology, Inc.
WM Holding Company, LLC	Doug Francis
WM Holding Company, LLC	Justin Hartfield

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 3/5/2024
DATE

By Brian O Camire
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.