

**Limited Liability Company (LLC)
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

<p>Amendment</p> <p>Check box if an Amendment</p> <p># <u> / / </u></p> <p>Date qualification threshold met (Month, Day, Year)</p>	<p>Date Stamp</p>	<p>CALIFORNIA FORM 409</p> <p>For Official Use Only</p>
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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:	PRINCIPAL/RESPONSIBLE OFFICER PHONE #:	PRINCIPAL/RESPONSIBLE OFFICER EMAIL:
LLC STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE:		COMMITTEE ID:	COMMITTEE PHONE NUMBER: COMMITTEE EMAIL ADDRESS:
COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
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 <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
	MEMBERSHIP 10% OR GREATER CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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3. Names of Member LLCs Listed in 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.

Executed on _____ DATE By _____ SIGNATURE

Attach additional information on appropriately labeled continuation sheets.