

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>11 / 1 / 22</u> Date qualification threshold met (Month, Day, Year)
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Date Stamp

CALIFORNIA FORM 409 For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Hollywood Park Casino Company, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Steve Arnold	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415)905-5300	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: sarnold@hppccinc.com
LLC STREET ADDRESS: 3883 W. Century Blvd.	CITY: Inglewood	STATE: CA	ZIP CODE: 90303
LLC MAILING ADDRESS (IF DIFFERENT): 4 Embarcadero Center, Suite 3300	CITY: San Francisco	STATE: CA	ZIP CODE: 94111
NAME OF COMMITTEE: Hollywood Park Casino Company, LLC	COMMITTEE ID: 1220048	COMMITTEE PHONE NUMBER: (301)330-2800	COMMITTEE EMAIL ADDRESS: sarnold@hppccinc.com
COMMITTEE STREET ADDRESS: 3883 W. Century Blvd.	CITY: Inglewood	STATE: CA	ZIP CODE: 90303
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
No members meet this criteria	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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	<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

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.

Print **Clear**