

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>8 / 20 / 24</u>
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: Livermore Portfolio Investors, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Dana David	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 389-6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 524 N. Central Ave	CITY: Upland	STATE: CA	ZIP CODE: 91786
LLC MAILING ADDRESS (IF DIFFERENT): N/A		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE: JB Matteson, Inc. & Affiliated Entities	COMMITTEE ID: 1413123	COMMITTEE PHONE NUMBER: (415) 389-6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 1900 S. Norfolk Street, Suite 225	CITY: San Mateo	STATE: CA	ZIP CODE: 94403
COMMITTEE MAILING ADDRESS (IF DIFFERENT): 2350 Kerner Blvd., Suite 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
None	<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			

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 08/28/2024
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear