## Limited Liability Company (LLC) Statement of Members

Type or Print in Ink.

Amendment  Check box if an Amendment			Date Stamp	CALIFORNIA 405					
8	20	24		For Official Use Only					
	lification th onth, Day,	reshold met Year)							

(Government Code Section 84109)

							Date qualification threshold met (Month, Day, Year)								
1.	LLC Information											I.			
	LEGAL NAME OF LIMITED LIABILITY COMPANY: NAME OF RESPONSIBLE OFFICER OR PRINCIPAL						- 1			SIBLE OFFICI	ER PHON				
	Origin Apartment Investors, LLC	Dana D	avid				- 1	,	389-6800			form4	10@n	mgovla	w.com
	LLC STREET ADDESS: CIT				ZIP CC	`			OIFFERENT)	FERENT): CITY:			STATE:	ZIP CODE:	
	12311 32nd Ave. NE	Sea	ttle	WA		25 N			T			T			
	NAME OF COMMITTEE:					MMITTE				EE PHONE N	IUMBER:				
	JB Matteson, Inc. & Affiliated Entities  COMMITTEE STREET ADDESS:		STATE:		1413123 (415) 389-6800 ZIP CODE:   COMMITTEE MAILING ADDESS (IF I							mgovlaw.com			
	1900 S. Norfolk Street, Suite 225	city: <b>San</b>	Mateo	CA	944					., Suite		San Raf	fael	CA	94901
2.	<b>Members</b> (If any members are oth	er LLCs	, further dis	sclosure i	s requi	red in									
	FULL NAME		MEMBERSHIP TYPE				DA	TE(S) OF ONLY COM CAPITAL CO	CAPITAL CO PLETE IF MEME ONTRIBUTION T	NTRIBUTION ER HAS MET HRESHOLD)	CON	MULATIVE CAF TRIBUTIONS T			ENTAGE HIP INTEREST
	Thomas J. and Pamela J. Orloff Family	Trust I	■ MEMBERSHIP 10% OR GREATER □ CAPITAL CONTRIBUTIONS \$10,000			OR MORE							14.48%		
	The Cashin Testamentary Marital Trust	Testamentary Marital Trust   ■ MEMBERSHIP 10% OR GREATE □ CAPITAL CONTRIBUTIONS \$10,0										14.48			.48%
			☐ MEMBERSHIP 10% OR GREATER												
		CAPITAL CONTRIBUTIONS \$10,000 OR MORE			E										
			<ul><li></li></ul>			OR MOR	E								
3.	Names of Member LLCs Listed in Part 2														
	NAME OF LLC LIS	NAME OF LLC LISTED IN PART 2				FULL NAMES OF MEMBERS									
4.	Verification I have used all reasonable diligence in prepare complete. I certify under penalty of perjury under penalty of pen										ge, the i	nformation o	containe	d in it is tr	ue and
	08/28/2024 Executed on		Bv												
	Executed on By					SIGNATURE FPPC Form 40						9 (Nov/2021)			
	Attach additional information on appropriately labe	eled continu	ation sheets.		Print			Clear		FPF	PC Toll-F	ree Helpline:	: 866/AS	K-FPPC (8	366/275-3772)