

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

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|--|--|
| Amendment <input checked="" type="checkbox"/> Check box if an Amendment <div style="text-align: center; font-size: 24px; font-weight: bold;">7 / 21 / 22</div> Date qualification threshold met (Month, Day, Year) | Date Stamp <div style="font-size: 24px; font-weight: bold; background-color: black; color: white; padding: 5px;"> CALIFORNIA FORM 409 For Official Use Only </div> |
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1. LLC Information

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|--|--|--|--|--|--|--|--|
| LEGAL NAME OF LIMITED LIABILITY COMPANY: Penn Interactive Ventures, LLC | | NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Benjamin Levy | | PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 389-6800 | | PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com | |
| LLC STREET ADDRESS: 825 BERKSHIRE BLVD, SUITE 200 Wyomissing PA 19610 | | CITY: San Rafael CA | | STATE: PA | | ZIP CODE: 19610 | |
| NAME OF COMMITTEE: YES ON 27 - CALIFORNIANS FOR SOLUTIONS TO HOMELESSNESS AND MENTAL HEALTH SUPPORT, A COALITION OF HOUSING AND MENTAL HEALTH EXPERTS, CONCERNED TAXPAYERS AND DIGITAL SPORTS ENTERTAINMENT AND GAMING COMPANIES | | COMMITTEE ID: 1440682 | | COMMITTEE PHONE NUMBER: (415) 389-6800 | | COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com | |
| COMMITTEE STREET ADDRESS: 2350 Kerner Blvd., Suite 250 San Rafael CA 94901 | | CITY: San Rafael CA | | 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 (COMPLETE MEMBER AS MET CAPITAL CONTRIBUTION THRESHOLD) | CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC | PERCENTAGE OWNERSHIP INTEREST |
|---------------------------|--|---|---|-------------------------------|
| PENN NATIONAL GAMING INC. | <input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE | | \$65,725,222.27 | 100% |
| | <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 |
|------------------------------|-----------------------|
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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 08/10/2022
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 409 (Nov/2021)

Print
Clear