

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input checked="" type="checkbox"/> Check box if an Amendment # <u>7</u> / <u>21</u> / <u>22</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: **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: **Wyomissing** STATE: **PA** ZIP CODE: **19610** LLC MAILING ADDRESS (IF DIFFERENT): **2350 Kerner Blvd., Suite 250 San Rafael CA 94901** CITY: **San Rafael** STATE: **CA** ZIP CODE: **94901**

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** STATE: **CA** ZIP CODE: **94901** COMMITTEE MAILING ADDRESS (IF DIFFERENT): **form410@nmgovlaw.com** 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 (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		\$291470757.50	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

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 12/14/2023 DATE By _____ SIGNATURE