

Limited Liability Company (LLC)
Statement of Members
 (Government Code Section 84109)

Type or Print in Ink.

Amendment

Check box if an Amendment

Date Stamp

CALIFORNIA
FORM

For Official Use Only

03 / 10 / 2022

Date qualification threshold met
(Month, Day, Year)

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Shorenstein Company, LLC		NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Tony Calabrese		PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 772-7000		PRINCIPAL/RESPONSIBLE OFFICER EMAIL: compliance@olsonremcho.com	
LLC STREET ADDRESS: 235 Montgomery Street, 14th Floor	CITY: San Francisco	STATE: CA	ZIP CODE: 94104	LLC MAILING ADDRESS (IF DIFFERENT): 555 Capitol Mall, Suite 400	CITY: Sacramento, CA	STATE: CA	ZIP CODE: 95814
NAME OF COMMITTEE: Shorenstein Realty Services and affiliated entities			COMMITTEE ID: 478373	COMMITTEE PHONE NUMBER: (415) 772-7000		COMMITTEE EMAIL ADDRESS: compliance@olsonremcho.com	
COMMITTEE STREET ADDRESS: 235 Montgomery Street, 14th Floor	CITY: San Francisco	STATE: CA	ZIP CODE: 94104	COMMITTEE MAILING ADDRESS (IF DIFFERENT): 555 Capitol Mall, Suite 400	CITY: Sacramento, CA	STATE: CA	ZIP CODE: 95814

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
Doule Ventures LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			45.5640%
BJS Shorenstein Investor LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			12.4666%
DPS Shorenstein Investor LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			12.4666%
SJS Shorenstein Investor LLC, CJS Trust B (see next page)	<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
Doule Ventures LLC	BJS Shorenstein Investor LLC, DPS Shorenstein Investor LLC, SJS Shorenstein Investor LLC, CSH Doule Trust, CSH Doule Waiver Share Exempt Trust, CSH Doule Waiver Share Exempt Trust
BJS Shorenstein Investor LLC	LPS MT LLC, DWS GRAT Non-Exempt No. 1 f/b/o Brandon Jona Shorenstein, DWS GRAT Exempt No. 1 f/b/o Brandon Jona Shorenstein, DWS Trust-A f/b/o Brandon Jona Shorenstein, DWS 2012 Irrevocable Non-Exempt Trust f/b/o Brandon Jona Shorenstein, DWS 2012 Irrevocable Exempt Trust f/b/o Brandon Jona Shorenstein, LPS 2019 Irrevocable Trust f/b/o Brandon Jona Shorenstein
DPS Shorenstein Investor LLC	LPS MT LLC, DWS GRAT Non-Exempt No. 1 f/b/o Danielle Preisler Shorenstein, DWS GRAT Exempt No. 1 f/b/o Danielle Preisler Shorenstein, DWS Trust-A f/b/o Danielle Preisler Shorenstein, DWS 2012 Irrevocable Non-Exempt Trust f/b/o Danielle Preisler Shorenstein, DWS 2012 Irrevocable Exempt Trust f/b/o Danielle Preisler Shorenstein, LPS 2019 Irrevocable Trust f/b/o Danielle Preisler Shorenstein
see attached page	

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 7/21/2022 | 08:15:36 PDT
DATE

By Tony Calabrese
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: _____ NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: _____ PRINCIPAL/RESPONSIBLE OFFICER PHONE #: _____ PRINCIPAL/RESPONSIBLE OFFICER EMAIL: _____

LLC STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ LLC MAILING ADDRESS (IF DIFFERENT): _____ CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF COMMITTEE: _____ COMMITTEE ID: _____ COMMITTEE PHONE NUMBER: _____ COMMITTEE EMAIL ADDRESS: _____

COMMITTEE STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ COMMITTEE MAILING ADDRESS (IF DIFFERENT): _____ CITY: _____ STATE: _____ ZIP CODE: _____

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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
SJS Shorenstein Investor LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			12.4666%
CJS Trust B	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			12.7943%
	<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
SJS Shorenstein Investor LLC	LPS MT LLC, DWS GRAT Non-Exempt No. 1 f/b/o Sandra Joan Shorenstein, DWS GRAT Exempt No. 1 f/b/o Sandra Joan Shorenstein, DWS Trust-A f/b/o Sandra Joan Shorenstein, DWS 2012 Irrevocable Non-Exempt Trust f/b/o Sandra Joan Shorenstein, DWS 2012 Irrevocable Exempt Trust f/b/o Sandra Joan Shorenstein, LPS 2019 Irrevocable Trust f/b/o Sandra Joan Shorenstein

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DocuSigned by: A10EAA5302594BF...

Attach additional information on appropriately labeled continuation sheets.