

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 |
| # <u>11 / 17 / 22</u> |
| Date qualification threshold met (Month, Day, Year) |

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|------------|
| Date Stamp |
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| CALIFORNIA FORM 409 |
| For Official Use Only |

1. LLC Information

| | | | |
|--|---|--|--|
| LLC NAME: Trio Petroleum LLC | NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Stanford Eschner | PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 389-6800 | PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com |
| LLC STREET ADDRESS: 5401 Business Park So., Suite 115 | CITY: Bakersfield | STATE: CA | ZIP CODE: 93309 |
| LLC MAILING ADDRESS (IF DIFFERENT): | CITY: | STATE: | ZIP CODE: |
| NAME OF COMMITTEE: Trio Petroleum LLC | COMMITTEE ID: N/A | COMMITTEE PHONE NUMBER: (415) 389-6800 | COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com |
| COMMITTEE STREET ADDRESS: 5401 Business Park So., Suite 115 | CITY: Bakersfield | STATE: CA | ZIP CODE: 93309 |
| COMMITTEE MAILING ADDRESS (IF DIFFERENT): | CITY: | STATE: | ZIP CODE: |
| 2350 Kerner Blvd. Ste. 250 | San Rafael | CA | 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 |
|-------------------|---|--|--|----------------------------------|
| Stanford Eschner | <input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input checked="" type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE | 11/25/22 | \$29,345.48 | 50% |
| Gary James Horace | <input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input checked="" type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE | 11/25/22 | \$112,622.96 | 50% |
| | <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 12/05/2022
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear