

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<b>Amendment</b>
<input type="checkbox"/> Check box if an Amendment
# <u>3 / 22 / 22</u>
Date qualification threshold met (Month, Day, Year)

Date Stamp
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<b>CALIFORNIA FORM 409</b>
For Official Use Only

## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: WCP Developers, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Joshua Peterson	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 559-432-8181	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: fppc@bmhlaw.com
LLC STREET ADDRESS: 2505 Alluvial Avenue	CITY: Clovis	STATE: CA	ZIP CODE: 93611
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: WCP Developers, LLC and affiliated entities	COMMITTEE ID: 1428286	COMMITTEE PHONE NUMBER: 559-432-8181	COMMITTEE EMAIL ADDRESS: fppc@bmhlaw.com
COMMITTEE STREET ADDRESS: 2505 Alluvial Avenue	CITY: Clovis	STATE: CA	ZIP CODE: 93611
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

## 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
JP Holdings, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			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
JP Holdings, LLC	Peterson Family Trust / Assemi WCP, LLC

## 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 05/20/2022  
DATE

By   
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

**Print**

**Clear**