Limited Liability Company	(LLC)
Statement of Members	

Type or Print in Ink.

Amendment	Date Stamp	CALIFORNIA
Check box if an Amendment		FORM
10 / 14 / 22 #		For Official Use 0
Date qualification threshold met (Month, Day Year)		

(Government Code Section 84109)

			h, Day, Year)				
. LLC Information			•		•		
LEGAL NAME OF LIMITED LIABILITY COMPANY: NAME	OF RESPONSIBLE OFFICER OR PRINCI	PAL OFFICER: PR	INCIPAL/RESPONSIBLE OF	ICER PHONE	#: PRINCIPAL/RES	SPONSIBLE OFFICER EM	AIL:
ACDF LLC Fario	d Assemi	(559) 440-8300		fppc@bm	fppc@bmhlaw.com		
LLC STREET ADDESS: CI	TY: STATE: ZIP	CODE: LLC MAIL	ING ADDESS (IF DIFFERE	NT):	CITY:	STATE: ZIP CO	DE:
5260 N. Palm Avenue, Suite 421 F	resno CA 93	704					
NAME OF COMMITTEE:		COMMITTEE ID:	COMMITTEE PHON	E NUMBER:	COMMITTEE EMA	IL ADDRESS:	
Assemi Group, Inc. and affiliated entities		1397645	(559) 440-8300	(559) 440-8300		fppc@bmhlaw.com	
COMMITTEE STREET ADDESS: CI	TY: STATE: ZIP	CODE: COMMITT	TEE MAILING ADDESS (IF D	IFFERENT):	CITY:	STATE: ZIP CO	DE:
1396 West Herndon Avenue, Suite 110 F	resno CA 93	711					
. Members (If any members are other LL	Cs. further disclosure is req	uired in Part	3.)				
FULL NAME	MEMBERSHIP TYPE		(S) OF CAPITAL CONTRIBUTI ILY COMPLETE IF MEMBER HAS ME PITAL CONTRIBUTION THRESHOLD	ON CUM	IULATIVE CAPITAL	PERCENTAGE	
	MEMBERSHIP 10% OR GREATER		PITAL CONTRIBUTION THRESHOLD	CONT	RIBUTIONS TO LL	C OWNERSHIP INTER	EST
Darius Assemi ☐ CAPITAL CONTRIBUTIONS \$10,000						33 1/3	
Forial Accordi	■ MEMBERSHIP 10% OR GREATER					22.4/2	
Farid Assemi	☐ CAPITAL CONTRIBUTIONS \$10,00	0 OR MORE				33 1/3	
Farshid Assemi	■ MEMBERSHIP 10% OR GREATER					33 1/3	
CAPITAL CONTRIBUTIONS \$10,000						33 1/3	
	MEMBERSHIP 10% OR GREATER						
	CAPITAL CONTRIBUTIONS \$10,00	O OR MORE					
. Names of Member LLCs Listed in Pa	art 2						
NAME OF LLC LISTED IN PART 2		FULL NAMES OF MEMBERS					
							_
							—
Varification		•					

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 _	10/14/2022	Bv	Ham	
	DATE	-, 		SIGNATURE

FPPC Form 409 (Nov/2021) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)