

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

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment 12 / 15 / 25 # _____ 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: Alten Construction, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: SHANNON M. ALTEN	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 510-234 4200	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: salten@altenconstruction.com				
LLC STREET ADDRESS: 1141 Marina Way South	CITY: Richmond	STATE: CA	ZIP CODE: 94804	LLC MAILING ADDRESS (IF DIFFERENT): _____	CITY: _____	STATE: _____	ZIP CODE: _____
NAME OF COMMITTEE: Alten Construction, LLC	COMMITTEE ID: Pending	COMMITTEE PHONE NUMBER: 510-234 4200	COMMITTEE EMAIL ADDRESS: salten@altenconstruction.com				
COMMITTEE STREET ADDRESS: 1141 Marina Way South	CITY: Richmond	STATE: CA	ZIP CODE: 94804	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
ROBERT A. ALTEN SHANNON M. ALTEN	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			35 35
ERIK ANDRESEN	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			10
ROBERT S. ALTEN	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			10
WILLIAM A. ALTEN	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			10

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 1/29/2026 | 4:20 PM PST
DATE

By

Shannon Alten
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print Clear