

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 # <u>2 / 20 / 26</u> Date qualification threshold met (Month, Day, Year)
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Date Stamp

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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Amazon.com Services LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Andrea Fava	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 202-442-2900	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: afava@amazon.com
LLC STREET ADDRESS: 601 New Jersey Avenue NW Suite 900	CITY: Washington	STATE: DC	ZIP CODE: 20001
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Amazon.com Services LLC	COMMITTEE ID: 1344499	COMMITTEE PHONE NUMBER: 202-442-2900	COMMITTEE EMAIL ADDRESS: afava@amazon.com
COMMITTEE STREET ADDRESS: 601 New Jersey Avenue NW Suite 900	CITY: Washington	STATE: DC	ZIP CODE: 20001
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 <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Amazon.com Sales, Inc.	<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

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 03/02/2026
DATE

By Andrea Fava
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.