L	imited	Liability	/ Company	y (LLC)
S	tateme	ent of Me	embers	

(Government Code Section 84109)

Type or Print in Ink.

Amend Ch	lment eck box if an A	Amendment	Date Stamp	CALIFORNIA 409				
8	/ 26	25		For Official Use Only				
Date o	qualification th (Month, Day,							

				Dat	e qualification (Month, Da	threshold met y, Year)				
1.	LLC Information					<u>'</u>		•		
	LEGAL NAME OF LIMITED LIABILITY COMPANY: Capital One Services, LLC	NAME OF RESPONSIBLE Steven DeLuca			PAL OFFICER: PRINCIPAL/RESPONSIBLE OFFICER P 804-347-8119		R PHONE	PHONE #: PRINCIPAL/RESPONSIBLE OFFICER EMAIL: steven.deluca@capitalone.com		
	LLC STREET ADDESS: 1717 East Cary Street	сіту: Richmond	STATE: VA	ZIP CODE: 23223	LLC MAILING A	DDESS (IF DIFFERENT):		CITY:	STATE:	ZIP CODE:
	NAME OF COMMITTEE: Capital One Services, LLC			COMMIT 122965		COMMITTEE PHONE NI 804-347-8119		committee email steven.deluca		one.com
	COMMITTEE STREET ADDESS: 1717 East Cary Street	сіту: Richmond	STATE: VA	ZIP CODE: 23223	COMMITTEE M	AILING ADDESS (IF DIFF	ERENT):	CITY:	STATE:	ZIP CODE:
2.	Members (If any members are oth	ner LLCs, further d	isclosure is	required i						
	FULL NAME		MEMBERSHIP TYPE		DATE(S) OF (ONLY CON CAPITAL C	CAPITAL CONTRIBUTION  MPLETE IF MEMBER HAS MET  CONTRIBUTION THRESHOLD)		ULATIVE CAPITAL RIBUTIONS TO LLC		ENTAGE IP INTEREST
	Capital One, N.A.	pital One, N.A.     MEMBERSHIP 10% OR GREATER			MORE				100%	
		I—	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 ☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000							
		I —								
		I —	HIP 10% OR GREA ONTRIBUTIONS \$		RE					
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 preparameters. I certify under penalty of perjury to						e, the ir	nformation contai	ned in it is tru	ie and

By Steven DeLuca (Sep 5, 2025 15:55:34 EDT)
SIGNATURE

09/05/2025

Executed on \_