

Limited Liability Company (LLC)
Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

5 / 29 / 26

Date qualification threshold met
(Month, Day, Year)

Date Stamp

CALIFORNIA
FORM

For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY:
Clearway Energy Group LLC

NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:
Julia Zuckerman

PRINCIPAL/RESPONSIBLE OFFICER PHONE #:
(916) 442-2952

PRINCIPAL/RESPONSIBLE OFFICER EMAIL:
compliance@olsonremcho.com

LLC STREET ADDRESS:
100 California Street, Suite 650
San Francisco CA 94111

CITY:
San Francisco

STATE:
CA

ZIP CODE:
94111

LLC MAILING ADDRESS (IF DIFFERENT):
555 Capitol Mall, Suite 400
Sacramento CA 95814

CITY:
Sacramento

STATE:
CA

ZIP CODE:
95814

NAME OF COMMITTEE:
Clearway Energy Group LLC and Affiliated Entities

COMMITTEE ID:
1413281

COMMITTEE PHONE NUMBER:
(916) 442-2952

COMMITTEE EMAIL ADDRESS:
compliance@olsonremcho.com

COMMITTEE STREET ADDRESS:
100 California Street, Suite 650
San Francisco CA 94111

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Sacramento CA 95814

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95814

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (COMPLETED MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
GIP III Zephyr Acquisition Partners, L.P.	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE		\$0	100%
	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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	☐ MEMBERSHIP 10% OR GREATER ☐ 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 7/10/2026

By *Julia Zuckerman*

DATE

SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 409 (Nov/2021)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)