Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment
☐ Check box if an Amendment
#

Date qualification threshold met (Month, Day, Year): 9 / 30 / 26

Date Stamp

CALIFORNIA FORM 409

For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:	PRINCIPAL/RESPONSIBLE OFFICER PHONE #:	PRINCIPAL/RESPONSIBLE OFFICER EMAIL:
Clearway Renew Consolidated Devco LI	Julia Zuckerman	(916) 442-2952	compliance@olsonremcho.com

LLC STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
100 California St, Suite 650	San Francisco	CA	94111	555 Capitol Mall, Suite 400	Sacramento	CA	95814

NAME OF COMMITTEE:	COMMITTEE ID:	COMMITTEE PHONE NUMBER:	COMMITTEE EMAIL ADDRESS:
Clearway Energy Group LLC and Affiliated Entities	1413281	(916) 442-2952	compliance@olsonremcho.com

COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
100 California St, Suite 650	San Francisco	CA	94111	555 Capitol Mall, Suite 400	Sacramento	CA	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 (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Clearway Renew LLC	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE		$0	99%
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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
Clearway Renew LLC	Clearway Energy Group LLC

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 _____ (DATE) By Julia Zuckerman (SIGNATURE)

Attach additional information on appropriately labeled continuation sheets.