

**Limited Liability Company (LLC)
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

Amendment☐ Check box if an Amendment# 10 / 15 / 24Date qualification threshold met
(Month, Day, Year)

Date Stamp

**CALIFORNIA
FORM 409**

For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: GoodLeap, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Jesse Comart	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 844-562-6725	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: jcomart@goodleap.com
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LLC STREET ADDRESS: 8781 Sierra College Blvd	CITY: Roseville	STATE: CA	ZIP CODE: 95661	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: GoodLeap, LLC	COMMITTEE ID: 1452034	COMMITTEE PHONE NUMBER: 844-562-6725	COMMITTEE EMAIL ADDRESS: jcomart@goodleap.com
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COMMITTEE STREET ADDRESS: 8781 Sierra College Blvd	CITY: Roseville	STATE: CA	ZIP CODE: 95661	COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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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
Hayes Barnard	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			41.80
	<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 12/21/2024
DATE

By

Signed by:

Jesse Comart
SIGNATURE
A476C22B9B334B9...

Attach additional information on appropriately labeled continuation sheets.

Print

Clear

FPPC Form 409 (Nov/2021)

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