Limited Liability Company (LLC)
Statement of Members
(Government Code Section 84109)

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Hostetler Ranches, LLC
NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Greg Hostetler
PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (209) 826-6200
PRINCIPAL/RESPONSIBLE OFFICER EMAIL: fppc@bmhlaw.com

LLC STREET ADDRESS: 923 East Pacheco Blvd Ste C
CITY: Los Banos
STATE: CA
ZIP CODE: 93635

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

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>MEMBERSHIP TYPE</th>
<th>DATE(S) OF CAPITAL CONTRIBUTION</th>
<th>CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC</th>
<th>PERCENTAGE OWNERSHIP INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg Hostetler</td>
<td>MEMBERSHIP 10% OR GREATER</td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>CAPITAL CONTRIBUTIONS $10,000 OR MORE</td>
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<tr>
<td>Bypass Trust (Greg Hostetler, Trustee)</td>
<td>MEMBERSHIP 10% OR GREATER</td>
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<td></td>
<td>50%</td>
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<tr>
<td></td>
<td>CAPITAL CONTRIBUTIONS $10,000 OR MORE</td>
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3. Names of Member LLCs Listed in Part 2

<table>
<thead>
<tr>
<th>NAME OF LLC LISTED IN PART 2</th>
<th>FULL NAMES OF MEMBERS</th>
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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 06/08/2022
By Greg Hostetler
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.
"2022 Form_409 Initial" History

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