

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment # <u>7</u> / <u>17</u> / <u>25</u> Date qualification threshold met (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 409 For Official Use Only
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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Kooth USA, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Laura Tully	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 857-207-5509	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: Tully@Kooth.com
LLC STREET ADDRESS: 167 North Green Street	CITY: Chicago	STATE: IL	ZIP CODE: 60607
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Kooth USA, LLC	COMMITTEE ID: 1481110	COMMITTEE PHONE NUMBER: 857-207-5509	COMMITTEE EMAIL ADDRESS: Tully@Kooth.com
COMMITTEE STREET ADDRESS: 167 North Green Street	CITY: Chicago	STATE: IL	ZIP CODE: 60607
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

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
Kooth PLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<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 7/28/25
DATE

By Dr. Laura Tully, Ph.D.
SIGNATURE

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)