Limited Liability Company (LLC) Statement of Members

Type or Print in Ink.

Amendment Check box if an Amendment			Date Stamp	CALIFORNIA 409			
7	16	23		For Official Use Only			
Date qualification threshold met (Month, Day, Year)							

(Government Code Section 84109)

				Да		ition threshold met i, Day, Year)								
<u> </u>	LLC Information						•		•					
	LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONS	SIBLE OFFICER OR PRI	NCIPAL OFF	ICER: PRI	NCIPAL/RESPONSIE	LE OFFICER I	PHONE	#: PRINCIPAL/R	ESPONSIBLE OF	FICER EMAIL:			
	McDonald's USA LLC Michael Gonda				(415) 389-6800			form410@			nmgovlaw.com			
	LLC STREET ADDESS:	CITY:	T: STATE: ZIP C		LLC MAILII	NG ADDESS (IF DIF	DDESS (IF DIFFERENT):		CITY:	STATE:	ZIP CODE:			
	110 North Carpenter Street	Chicago	IL	60607	2350 k	Kerner Blvd.,	Suite 25	0	San Rafae	el CA	94901			
	NAME OF COMMITTEE:			COMMIT	TEE ID:	COMMITTEE	PHONE NUM	IBER:	COMMITTEE EM	MAIL ADDRESS:				
	McDonald's Corporation and Affiliates			49315	1	(415) 389	-6800		form410@	nmgovlav	v.com			
	COMMITTEE STREET ADDESS:	CITY:	STATE:	ZIP CODE:	COMMITTE	EE MAILING ADDES	S (IF DIFFER	RENT):	CITY:	STATE:	ZIP CODE:			
	110 North Carpenter Street	Chicago	IL	60607	2350 k	Kerner Blvd.,	Suite 25	0	San Rafae	el CA	94901			
	Members (If any members are other LLCs, further disclosure is required in Part 3.)													
	FULL NAME		MEMBERSHIP TYP	E	DATE(S (ONL)	S) OF CAPITAL CONT Y COMPLETE IF MEMBER ITAL CONTRIBUTION THE	RIBUTION HAS MET ESHOLD)		ULATIVE CAPITA RIBUTIONS TO L		CENTAGE HIP INTEREST			
	McDonald's Corporation	■ МЕМВ	ERSHIP 10% OR GREA	TER						1	00%			
		☐ CAPIT	CAPITAL CONTRIBUTIONS \$10,000 OR M							'	00 70			
		1=	ERSHIP 10% OR GREA											
			AL CONTRIBUTIONS \$1	-	DRE									
		1=	ERSHIP 10% OR GREA		\DE									
			AL CONTRIBUTIONS \$1 ERSHIP 10% OR GREA		JRE									
		1-	AL CONTRIBUTIONS \$1		DRE									
3.	Names of Member LLCs Listed	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 preparameters. I certify under penalty of perjury under penalty of perjury under penalty of perjury under penalty of perjury under penalty.	aring this Statemen	t. I have reviewed to e State of California	his Statem	ent and, to	o the best of my s true and correc	knowledge, t.	the in	nformation con	tained in it is ti	ue and			
	07/25/2023				5 5									
	Executed on	Ву		SIGN	ATURE			•		EDDC Form 4	09 (Nov/2024)			
	Attach additional information on appropriately labe				FPPC Form 409 (Nov/2021) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)									