Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment Check box if an Amendment	Date Stamp	CALIFORNIA TUS
6 / 23 / 22		For Official Use Only
Date qualification threshold met (Month, Day, Year)		

						Month, Day	, Year)				
. LLC Information											
LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE OFFICER OR PRINCIP				OFFICER: PRINCIPAL/RESPONSIBLE OFFICER PHONE #:			IE #: PRINCIPAL/R	: PRINCIPAL/RESPONSIBLE OFFICER EMAIL:		
Platinum Advisors, LLC	Darius Anderson				(916) 443-8891			jguard@k	jguard@kaufmanlegalgroup.com		
LLC STREET ADDESS:	CITY:	CITY: STATE: ZIP				MAILING ADDESS (IF DIFFERENT): C			CITY:	STATE:	ZIP CODE:
1215 K St., Ste. 1150	Sa	Sacramento CA			14						
NAME OF COMMITTEE:			CO	COMMITTEE ID: COMMITTEE PHONE NUMBER: COMMITTEE EMAIL ADDRESS:							
Anderson, Darius / Platinum Advisors, LLC and Affiliated Entities 4			49	99864 (916) 443-8891 jgua				jguard@ka	uard@kaufmanlegalgroup.com		
COMMITTEE STREET ADDESS:	CITY	:	STATE:	ZIP CO		IMITTEE MA	ILING ADDESS	(IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
1215 K St., Ste. 1150	Sa	cramento	CA	958°	14						
. Members (If any members are other	er LLC	s, further dis	sclosure i	s requir	ed in F						
FULL NAME		MEMBERSHIP TYPE		TYPE		DATE(S) OF (ONLY COM CAPITAL C			MULATIVE CAPITA TRIBUTIONS TO L		
Desire Anderson		☐ MEMBERSHIP 10% OR GREATER						,			90
Darius Anderson		☐ CAPITAL CO	S \$10,000 C	OR MORE	IORE			80			
OA3 LLC		☐ MEMBERSHIP 10% OR GREATER									20
		CAPITAL CO		OR MORE							
	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000										
					OR MORE						
☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,00				OR MORE							
			MINIBOTIONS	3 \$10,000 €	OK WORL						
. Names of Member LLCs Listed	in Par	t 2									
NAME OF LLC LISTED IN PART 2				FULL NAMES OF MEMBERS							
OA3 LLC				F	Ron Burkle						
Verification											
I have used all reasonable diligence in prepa	ring this	Statement. I ha	ave reviewe	d this Sta	atement a	nd, to the	best of my kr	nowledge, the	information con	tained in it is	true and
complete. I certify under penalty of perjury u	nder the		_ 1		he forego	ing is true	and correct.				
07/29/2022 Executed on		By \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vius And	erson							
DATE DATE		<u> </u>	BD723080B2B409	9	SIGNATURI					FPPC Form	409 (Nov/2021)
Attach additional information on appropriately labe	led contin	uation sheets.		Print		Clear		FPPC Toll	-Free Helpline: 8		•