

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

## Amendment

☐ Check box if an Amendment

08 / 19 / 25  
#

Date qualification threshold met  
(Month, Day, Year)

Date Stamp

**CALIFORNIA  
FORM**

For Official Use Only

## 1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Sequoia PACE, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Nicole Butler	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (800) 637-3187	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: nicole.butler@welbehealth.com				
LLC STREET ADDRESS: 1649 Van Ness Avenue	CITY: Fresno	STATE: CA	ZIP CODE: 93721	LLC MAILING ADDRESS (IF DIFFERENT): 28 Liberty Ship Way, Ste 2815	CITY: Sausalito	STATE: CA	ZIP CODE: 94965
NAME OF COMMITTEE: Sequoia PACE, LLC	COMMITTEE ID: 1483101	COMMITTEE PHONE NUMBER: (800) 637-3187	COMMITTEE EMAIL ADDRESS: nicole.butler@welbehealth.com				
COMMITTEE STREET ADDRESS: 1649 Van Ness Avenue	CITY: Fresno	STATE: CA	ZIP CODE: 93721	COMMITTEE MAILING ADDRESS (IF DIFFERENT): 28 Liberty Ship Way, Ste 2815	CITY: Sausalito	STATE: CA	ZIP CODE: 94965

## 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
Welbe Health PACE, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE	N/A	N/A	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
Welbe Health PACE, LLC	Welbe Health, LLC

## 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 08/22/2025  
DATE

By Nicole Butler  
Nicole Butler (Aug 22, 2025 10:01:39 PDT)

SIGNATURE

Attach additional information on appropriately labeled continuation sheets.