Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment
☐ Check box if an Amendment
5 / 29 / 26
Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:	PRINCIPAL/RESPONSIBLE OFFICER PHONE #:	PRINCIPAL/RESPONSIBLE OFFICER EMAIL:
Shorenstein Company, LLC	Sandra Shorenstein	415-772-7000	compliance@olsonremcho.com

LLC STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
235 Montgomery Street, Suite 2230	San Francisco	CA	94104	555 Capitol Mall, Suite 400	Sacramento	CA	95814

NAME OF COMMITTEE:	COMMITTEE ID:	COMMITTEE PHONE NUMBER:	COMMITTEE EMAIL ADDRESS:
Shorenstein Company, LLC	Pending	916-442-2952	compliance@olsonremcho.com

COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
235 Montgomery Street, Suite 2230	San Francisco	CA	94104	555 Capitol Mall, Suite 400	Sacramento	CA	95814

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
Doule Ventures LLC	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			45.5640%
BJS Shorenstein Investor LLC	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			12.4666%
DPS Shorenstein Investor LLC	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			12.4666%
see next page for additional members	☐ MEMBERSHIP 10% OR GREATER ☐ 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
Doule Ventures LLC	BJS Shorenstein Investor LLC, DPS Shorenstein Investor LLC, SJS Shorenstein Investor LLC, CSH Doule Trust, CSH Doule Walter Share Exempt Trust, CSH Doule Walter Share Exempt Trust
BJS Shorenstein Investor LLC	LPS MT LLC, DWS GRAT Non-Exempt No. 1 f/b/o Brandon Jona Shorenstein, DWS GRAT Exempt No. 1 f/b/o Brandon Jona Shorenstein, DWS Trust-A f/b/o Brandon Jona Shorenstein, DWS 2012 Irrevocable Non-Exempt Trust f/b/o Brandon Jona Shorenstein, DWS 2012 Irrevocable Exempt Trust f/b/o Brandon Jona Shorenstein, LPS 2019 Irrevocable Trust f/b/o Brandon Jona Shorenstein
DPS Shorenstein Investor LLC	LPS MT LLC, DWS GRAT Non-Exempt No. 1 f/b/o Danielle Preisler Shorenstein, DWS GRAT Exempt No. 1 f/b/o Danielle Preisler Shorenstein, DWS Trust-A f/b/o Danielle Preisler Shorenstein, DWS 2012 Irrevocable Non-Exempt Trust f/b/o Danielle Preisler Shorenstein, DWS 2012 Irrevocable Exempt Trust f/b/o Danielle Preisler Shorenstein, LPS 2019 Irrevocable Trust f/b/o Danielle Preisler Shorenstein

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 May 30, 2026 (DATE)

By Sandra Shorenstein (May 30, 2026 20:02:29 PDT) (SIGNATURE)

Attach additional information on appropriately labeled continuation sheets.

Print Clear

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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:	PRINCIPAL/RESPONSIBLE OFFICER PHONE #:	PRINCIPAL/RESPONSIBLE OFFICER EMAIL:

LLC STREET ADDESS:	CITY:	STATE:	ZIP CODE:	LLC MAILING ADDESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

NAME OF COMMITTEE:	COMMITTEE ID:	COMMITTEE PHONE NUMBER:	COMMITTEE EMAIL ADDRESS:

COMMITTEE STREET ADDESS:	CITY:	STATE:	ZIP CODE:	COMMITTEE MAILING ADDESS (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
SJS Shorenstein Investor LLC	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			12.4666%
CJS Trust B	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			12.7943%
	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			
	☐ MEMBERSHIP 10% OR GREATER ☐ 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
SJS Shorenstein Investor LLC	LPS MT LLC, DWS GRAT Non-Exempt No. 1 f/b/o Sandra Joan Shorenstein, DWS GRAT Exempt No. 1 f/b/o Sandra Joan Shorenstein, DWS Trust-A f/b/o Sandra Joan Shorenstein, DWS 2012 Irrevocable Non-Exempt Trust f/b/o Sandra Joan Shorenstein, DWS 2012 Irrevocable Exempt Trust f/b/o Sandra Joan Shorenstein, LPS 2019 Irrevocable Trust f/b/o Sandra Joan Shorenstein

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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 _____ (DATE) By _____ (SIGNATURE)

Attach additional information on appropriately labeled continuation sheets.

Print Clear