

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

10 / 29 / 2025

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: Thornton Rising LLC
NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Dean Andal
PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 209-471-1748
PRINCIPAL/RESPONSIBLE OFFICER EMAIL: deanandal750@gmail.com

LLC STREET ADDRESS: 3031 W March Lane
CITY: Stockton
STATE: Ca
ZIP CODE: 95219
LLC MAILING ADDRESS (IF DIFFERENT):
CITY: STATE: ZIP CODE:

NAME OF COMMITTEE: Thornton Rising LLC
COMMITTEE ID: n/a
COMMITTEE PHONE NUMBER: 209-471-1748
COMMITTEE EMAIL ADDRESS: deanandal750@gmail.com

COMMITTEE STREET ADDRESS: 3031 W March Lane
CITY: Stockton
STATE: Ca
ZIP CODE: 95219
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
Dean Andal	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			20
George Gibson	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			20
Michael Duffy	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			20
Steve Coldani & Toni Raymus	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			20

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 11/09/2025
DATE

By Dean Andal

Digitally signed by Dean Andal
Date: 2025.12.12 14:37:29 -08'00'
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)