

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

10 / 1 / 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: Ygnacio SPI, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Mark Hall	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415.389.6800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: form410@nmgovlaw.com
LLC STREET ADDRESS: 150 N Wiget, Suite 250	CITY: Walnut Creek	STATE: CA	ZIP CODE: 94598
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Hall Equities Group and Affiliated Entities, Including Mark Hall	COMMITTEE ID: 1422638	COMMITTEE PHONE NUMBER: 415.389.6800	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
COMMITTEE STREET ADDRESS: 150 N Wiget, Suite 250	CITY: Walnut Creek	STATE: CA	ZIP CODE: 94598
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY: 2350 Kerner Blvd., Suite 250	STATE: San Rafael	ZIP CODE: CA 94901

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
Scheberies Properties and Investments	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	☐ 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

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 10/02/2026
DATE

By Sean Welch
Signature

Digitally signed by Sean Welch
Date: 2026.10.02 14:38:24 -07'00'

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)