

**ADDITIONAL MEMBERS**

The limited liability company has additional persons forming the limited liability company and the name and mailing address of each such person is stated in this attachment.

LLC Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_