

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:51 PM 04/22/2016
FILED 07:51 PM 04/22/2016
SR 20162510753 - File Number 6023797

CERTIFICATE OF FORMATION
OF
LIGHTHOUSE PUBLIC AFFAIRS, LLC

The undersigned, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, hereby adopts and files the following Certificate of Formation.

- First: The name of the limited liability company is Lighthouse Public Affairs, LLC
- Second: The name and address of the registered agent for service of process on the company in the State of Delaware is National Registered Agents, Inc., 160 Greentree Drive, Suite 101, City of Dover, County of Kent, State of Delaware 19904.
- Third: The term of the Company shall be perpetual, subject to dissolution events specified in the governing limited liability company agreement.
- Fourth: This Certificate of Formation shall be effective upon filing.
- Fifth: The name and address of the authorized person executing this certificate is:

<u>Name</u>	<u>Address</u>
Vipul Kumar	Davis Wright Tremaine LLP 505 Montgomery Street Suite 800 San Francisco, CA 94111

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 22nd day of April, 2016.

/s/ Vipul Kumar
Vipul Kumar, Esq., Authorized Person



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

19-B08433

FILED

In the office of the Secretary of State
of the State of California

MAR 15, 2019

IMPORTANT — Read instructions before completing this form.

Filing Fee – \$20.00

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

LIGHTHOUSE PUBLIC AFFAIRS, LLC

2. 12-Digit Secretary of State File Number

201714010017

3. State, Foreign Country or Place of Organization (only if formed outside of California)

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

857 Montgomery Street

City (no abbreviations)

San Francisco

State

CA

Zip Code

94133

b. Mailing Address of LLC, if different than item 4a

857 Montgomery Street

City (no abbreviations)

San Francisco

State

CA

Zip Code

94133

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

857 Montgomery Street

City (no abbreviations)

San Francisco

State

CA

Zip Code

94133

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b

Andrew

Middle Name

Boe

Last Name

Hayward

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

342 29th Avenue

City (no abbreviations)

San Francisco

State

CA

Zip Code

94121

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is **not** a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

City (no abbreviations)

State

CA

Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

NATIONAL REGISTERED AGENTS, INC. (C1941323)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

Public Affairs

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. The information contained herein, including any attachments, is true and correct.

03/15/2019

Date

Edith Alderette

Type or Print Name of Person Completing the Form

Operations Manager

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS BEFORE COMPLETING.](#))

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

19-B08433

A. Limited Liability Company Name
LIGHTHOUSE PUBLIC AFFAIRS, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number
201714010017

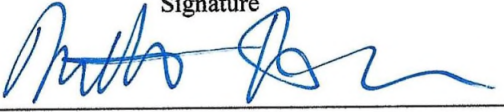
C. State or Place of Organization (only if formed outside of California)
DELAWARE

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Richard	Middle Name Hamlin	Last Name Peterson	Suffix
Entity Name			
Address 1304 B Kobbe Avenue	City (no abbreviations) San Francisco	State CA	Zip Code 94129
First Name Alexander	Middle Name Jeremy	Last Name Clemens	Suffix
Entity Name			
Address 23 S. Knoll	City (no abbreviations) Mill Valley	State CA	Zip Code 94941
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code

EXECUTION

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

Date	Printed Name	Signature
<u>8/10/24</u>	<u>Matthew Alvarez (Attorney for files)</u>	
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