

17-363371



Secretary of State  
Statement of Information  
(Limited Liability Company)

LLC-12

119

FILED  
Secretary of State  
State of California

AUG 24 2017

21/20/PC  
This Space For Office Use Only

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

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)  
M.A.S. 15, LLC

2. 12-Digit Secretary of State File Number  
201715310283

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

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1285 S. Main Street	City (no abbreviations) Yreka	State CA	Zip Code 96097
b. Mailing Address of LLC, if different than Item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

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 Michelle	Middle Name	Last Name Hill	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1285 S. Main Street	City (no abbreviations) Yreka	State CA	Zip Code 96097

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) Gary	Middle Name L	Last Name Bradus	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 400 Capitol Mall, 11th Floor	City (no abbreviations) Sacramento	State CA	Zip Code 95814

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

7. Type of Business

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

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.

August 21, 2017  
Date

Michelle Hill  
Type or Print Name of Person Completing the Form

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: [ Gary L. Bradus ]  
Company: Weintraub Tobin  
Address: 400 Capitol Mall, 11th Floor  
City/State/Zip: [ Sacramento, CA 95814 ]