



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**FILED**
Secretary of State
State of California

NOV 26 2012

1 LIMITED LIABILITY COMPANY NAME

Energy Innovation: Policy and Technology LLC

NREU

This Space For Filing Use Only

File Number and State or Place of Organization**2. SECRETARY OF STATE FILE NUMBER**
201206010258**3. STATE OR PLACE OF ORGANIZATION** (If formed outside of California)
CA**No Change Statement****4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)**5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE**
98 Battery St., Ste. 202
CITY: San Francisco, CA STATE: ZIP CODE: 94111**6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5**
CITY: STATE: ZIP CODE:**7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)**
98 Battery St., Ste. 202
CITY: San Francisco STATE: CA ZIP CODE: 94111**Name and Complete Address of the Chief Executive Officer, If Any****8. NAME ADDRESS CITY STATE ZIP CODE**
Thomas Harvey 98 Battery St., Ste. 202 San Francisco, CA 94111**Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member** (Attach additional pages, if necessary.)**9. NAME ADDRESS CITY STATE ZIP CODE**
Thomas Harvey 98 Battery St., Ste. 202 San Francisco, CA 94111**10. NAME ADDRESS CITY STATE ZIP CODE****11. NAME ADDRESS CITY STATE ZIP CODE****Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.**12. NAME OF AGENT FOR SERVICE OF PROCESS**
Thomas Harvey**13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL** CITY: San Francisco STATE: CA ZIP CODE: 94111
98 Battery St., Ste. 202**Type of Business****14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY**
energy consulting and philanthropy**15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT**

11/2/12

DATE

Thomas Harvey

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Manager and CEO

TITLE

SIGNATURE