

INVESTOR:

\_\_\_\_\_  
Printed Name

**Investor Suitability Questionnaire**  
(All information contained herein is and shall remain confidential)

---

---

---

---

Ladies and Gentlemen:

The information contained herein is being furnished in order to enable you to determine whether a sale of class A membership units (“**Units**”) in \_\_\_\_\_ LLC, a Texas limited liability company (the “**Company**”), may be made to the undersigned (the “**Investor**”) without (i) registration of Units under the Securities Act of 1933, as amended, or any applicable state securities laws or (ii) registration of the Company under the Investment Company Act of 1940, as amended. This Questionnaire is not an offer to purchase or acceptance of an offer to sell Units, but is, in fact, a response to a solicitation of information to provide you a basis for determining the appropriateness of any sale to the undersigned prospective Investor.

**FOR INDIVIDUAL INVESTORS OR THE AUTHORIZED INDIVIDUAL COMPLETING  
THIS FORM :**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address (street, city, state, and zip): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long a resident of state of residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_ No \_\_\_\_

Resident of Texas: Yes \_\_\_\_ No \_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer/Business (Name): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communications should be sent to (check one):

\_\_\_\_\_

residence address

\_\_\_\_\_

business address

Any other prior occupations, positions or duties during past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONLY FOR INVESTORS THAT ARE CORPORATIONS, PARTNERSHIPS, TRUSTS,  
IRA ACCOUNTS OR OTHER ENTITIES:**

2. Name: \_\_\_\_\_

Address of principal office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date and state of incorporation or organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Individual Authorized to Execute this Questionnaire:

---

Name and Title

Name of record and beneficial owners of entity:

---

---

---

The entity's intended investment in the Company will constitute less than 40% of the assets of the entity.

Yes \_\_\_\_\_ No \_\_\_\_\_

**FOR ALL INVESTORS:**

3. Please describe the nature, if any, of your prior personal or business relationship with \_\_\_\_\_ or any of their principals, officers, directors or Affiliates:

---

---

---

4. The undersigned is an officer or director of a publicly-held company.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify: \_\_\_\_\_

5. The undersigned beneficially owns 4% or more of the voting securities of a publicly-held company.

Yes \_\_\_\_\_ No \_\_\_\_\_

6. I \_\_\_\_ have \_\_\_\_ have not personally invested in investments sold by means of private placement within the past 5 years.

7. I consider myself to be an experienced and sophisticated investor. Yes \_\_\_\_ No \_\_\_\_

If so, on what basis? \_\_\_\_\_

8. I, the undersigned individual or person authorized to execute this Questionnaire, consider myself to have such knowledge of the Company and its business and such experience in financial and business matters to enable me to evaluate the merits and risks of an investment in the Company, should I be given the opportunity to so invest.

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Listed below are the categories of accredited investors, as defined by Regulation D, promulgated under the Securities Act of 1933, as amended. Please check the appropriate space provided below if the Investor falls within one or more of these categories.

The undersigned meets one or more of the following "accredited" categories as indicated in the space provided below (check all appropriate categories).

- A. A natural person whose net worth or joint net worth with spouse exceeds \$1,000,000. Net worth includes homes, furnishings and automobiles, but excludes the value (and any related indebtedness) of a primary residence.
- B. A natural person whose income, exclusive of spouse's income, exceeded \$200,000 in each of the last two years and who reasonably expects an income in excess of \$200,000 in the current year, or whose income, together with spouse's income, exceeded \$300,000 in each of the last two years and who reasonably expects such combined income to exceed \$300,000 in the current year.
- C. A bank, insurance company, registered investment company, employee benefit plan if the investment decision is made by a bank, insurance company, or registered investment adviser; or an employee benefit plan with more than \$5 million of assets.
- D. A private business development as defined in Section 202(a)(22) of the Investment Advisers Act of 1940.
- E. A partnership, corporation, Massachusetts or similar business trust, other trust or tax exempt organization (IRC Section 501(c)(3) exemption) whose purchase is directed by a sophisticated person, not formed for the specific purpose of acquiring the interests offered, with assets in excess of \$5 million.
- F. An entity in which all the equity owners are accredited investors under A through E above. If relying upon this item alone, each equity owner must complete a separate copy of this Questionnaire.

If the Investor does not qualify in an accredited category above, please indicate this in the space provided below.

\_\_\_\_\_ The Investor does not qualify in any accredited category as indicated above.

10. The undersigned intends to have an attorney, accountant, investment advisor, or other consultant act as the undersigned's Purchaser Representative in connection with this investment.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish the information indicated below:

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

Firm: \_\_\_\_\_

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

If the undersigned utilizes a Purchaser Representative, the Representative will be required to complete a questionnaire to be supplied by the Company.

11. If the undersigned does not qualify in any accredited category as indicated in Question 9 hereof, items A through F, please provide answers to the following questions: (Accredited investors may omit answers to this Question 11).
- (a) State total assets of the undersigned, including cash, stock and bonds, automobiles, real estate, and any other assets: \$ \_\_\_\_\_
- (b) State total liabilities of the undersigned, including real estate indebtedness, accounts payable, taxes payable, and any other liabilities: \$ \_\_\_\_\_
- (c) State annual income of the undersigned, including salary, securities income, rental income, and any other income: \$ \_\_\_\_\_
- (d) State annual expenses of the undersigned, excluding ordinary living expenses, including real estate payments, rent, property taxes, and other expenses:  
\$ \_\_\_\_\_
- (e) Do you expect the amount of assets, liabilities, income, and expenses of the undersigned, as stated above, to be subject to significant change in the future?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

---

---

---

(f) Does the undersigned own stocks which have been purchased on a margin basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

---

---

---

(g) Has the undersigned ever filed for bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_

(h) Are there any outstanding judgments against the undersigned?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either of (g) or (h) above is yes, explain fully on a separate sheet of paper.

(i) Bank Reference: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

---

---

Bank Telephone: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

**12. FOR INVESTORS THAT ARE INDIVIDUAL RETIREMENT ACCOUNTS (IRAs):**

A. Was the establishment and is the maintenance of the IRA completely voluntary on the part of its owner and beneficiary?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. Does an employer, in its capacity as such, or an “employee association” within the meaning of the Employee Retirement Income Security Act of 1974, as amended (“*ERISA*”) make contributions to the IRA?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Has any employer or employee association (as defined above) had any involvement with the establishment, maintenance, or funding of the IRA?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Has any employer or employee organization (as defined above) received any consideration in the form of cash or otherwise, for services rendered in connection with the IRA?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. Has the IRA ever been part of a “simplified employee pension” or “SEP?”

Yes \_\_\_\_\_ No \_\_\_\_\_

**13. FOR INVESTORS THAT ARE TRUSTS:**

A. Is the Trust revocable?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If it is revocable, do all Grantors of the Trust meet the definition of an Accredited Investor as outlined in Question 9? If relying upon this category alone, each Grantor must complete a separate copy of this Questionnaire.

Yes \_\_\_\_\_ No \_\_\_\_\_

**14. FOR INVESTORS THAT ARE ENTITIES:**

a. Do all owners of the Entity meet the definition of an Accredited Investor as outlined in Question 9? If relying upon this category alone, each owner must complete a separate copy of this Questionnaire.

Yes \_\_\_\_\_ No \_\_\_\_\_

The information contained herein is complete and accurate and the Investor will notify you promptly of any change in any of such information. Specifically, the Investor hereby certifies that the information contained above concerning the residency of the Investor is true and correct. The Investor realizes and understands that, but for the truth of the information contained herein, the Investor would not receive consideration by the Company’s Manager pertaining to this investment.

If this Questionnaire is completed on behalf of a corporation, partnership, trust, or estate, I, the person executing on behalf of the Investor, represent that I have the authority to execute and deliver this Questionnaire on behalf of such corporation, partnership, trust, or estate.

DATED: \_\_\_\_\_, 202 .

**IF INDIVIDUAL INVESTOR:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

**IF CORPORATION, PARTNERSHIP, TRUST, ESTATE, OR REPRESENTATIVE:**

\_\_\_\_\_  
Name of Investor

By:\_\_\_\_\_

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

Title:\_\_\_\_\_