



05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

| | | | |
|---|--------------------|--|--|
| Taxpayer name TOWNSEN MITIGATION LLC | | <input type="checkbox"/> Blacken circle if the mailing address has changed. | |
| Mailing address 7500 SAN FELIPE ST STE 1070 | | Secretary of State (SOS) file number or Comptroller file number 0802096567 | |
| City HOUSTON | State TX | ZIP code plus 4 77063 | |

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

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|---|
| Principal office 7500 SAN FELIPE ST STE 1070, HOUSTON, TX, 77063 |
| Principal place of business 7500 SAN FELIPE ST STE 1070, HOUSTON, TX, 77063 |



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You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | |
|--|---------------------------------|--|--------------------------------|
| Name PACIFIC INDIO LP | Title MANAGING MEMBER | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address 7500 SAN FELIPE STE 1070 | City HOUSTON | State TX | ZIP Code 77063 |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| | | | |
|---|---------------------------------|--|---|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution PACIFIC INDIO LP | State of formation TX | Texas SOS file number, if any 0800753862 | Percentage of ownership 100.000 |
|---|---------------------------------|--|---|

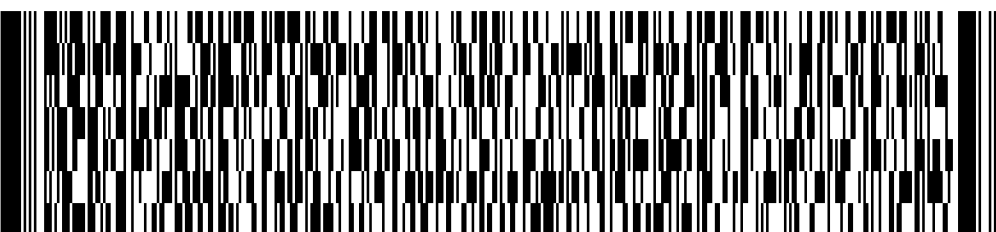
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|---|--|--------------------|--------------------------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: ABE S. GOREN | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. | | |
| Office: 2500 FANNIN STREET | City HOUSTON | State TX | ZIP Code 77002 |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

| | | | |
|--------------------------------|-------------------------|---------------------------|---|
| sign here BASSAM BARAZI | Title OFFICER | Date 07/29/2021 | Area code and phone number (713) 952 - 0200 |
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Texas Comptroller Official Use Only



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| VE/DE <input type="checkbox"/> | PIR IND <input type="checkbox"/> |
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