

Date: _____

CORPORATE QUESTIONNAIRE

A. Preferred Name(s) of Entity: (Please list in the order of preference.)

B. Preferred State of Incorporation: _____

C. Basic Information

Full Legal Name(s) of Primary Owner(s): _____

Other names used: _____

Purpose of Business: _____

D. Primary Business/Mailing Address

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E. Registered Agent (person to receive official notices and claims) and Address (no PO Box permitted under applicable law):

F. Please list names of All Initial Members (OWNERS):

Name	Residence Address	Social Security No.	Amount of Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Date of Commencement of Entity: (if not completed: date of filing will be used)

H. Capitalization:

Total number of authorized units (100,000 Units Recommended for Family Entities/
1,000,000 Units Recommended for Active Business Operations with likelihood of additional
issuance of Units).

[] Single-Class _____
[] Two-Classes Class A: _____ Class B: _____

(Two classes of units allow a distinction of rights and preferences of members. If all
members shall receive the same distribution and voting rights, select one class of units)

If Two-Classes of Units selected, please identify rights of Class A and Class B: _____

I. Managers:

Name of Managers: _____

If more than one manager, select from the following for actions of Company:

_____ Any one manager may act and sign on all transactions and checks

_____ Majority/All of managers to act and sign on all transactions and checks

_____ Other: _____