

COMPANY INFORMATION FORM

I. PRELIMINARY INFORMATION

Client's name _____

Contact person _____

Business or practice:

Type: _____

Purpose: _____

Commencement Date: _____

Jurisdiction of Formation: _____

II. NAME OF COMPANY

Preferred Name: _____

2nd choice: _____

3rd choice: _____

Date checked for availability: _____

Application for reservation of entity name required: Yes _____ No _____

Assumed name certificate: Yes _____ No _____

If yes, assumed name to be used: _____

Withdraw assumed name of unincorporated business: Yes _____ No _____

Send notice to creditors of company for an ongoing business: Yes _____ No _____

Publish notice in newspaper for organization of an ongoing business: Yes _____ No _____

Counties in which to file assumed name: _____

File assumed name with secretary of state's office: Yes _____ No _____

III. OTHER FILING INFORMATION

Organizer's name _____

Address _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Organizer's name: _____

Address _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Organizer's name: _____

Address _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Name and address of registered agent _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Will company conduct business or practice in other jurisdictions? Yes _____ No _____

If yes, name of states and counties: _____

Names under which business or practice will be conducted: _____

Period of duration: Perpetual _____ Other _____

Company's purposes:

General purpose clause: _____

Specific purpose clause: _____

Date certificate of formation filed with secretary of state: _____

IV. MEMBERS OF LIMITED LIABILITY COMPANY

Membership Interests

Classes of interests: Yes _____ No _____

If yes, other rights and preferences: _____

Original members:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Initial Capital Contribution: _____

Commitment: _____

Initial Sharing Ratio: _____

Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____
E-mail: _____

Initial Capital Contribution: _____

Commitment: _____

Initial Sharing Ratio: _____

Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____
E-mail: _____

Initial Capital Contribution: _____

Commitment: _____

Initial Sharing Ratio: _____

Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____
E-mail: _____

Initial Capital Contribution: _____

Commitment: _____

Initial Sharing Ratio: _____

V. MANAGEMENT STRUCTURE

Will the company's management structure include managers? Yes _____ No _____

Number of managers: _____

Manager's name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Manager's name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Term of managers: _____

Staggered terms (if applicable): _____

Qualifications for serving: _____

Compensation: _____

Quorum requirement for managers' meetings: _____

VI. ORGANIZATIONAL MEETING

Date: _____ Time: _____

Place: _____

Name of the chairman of the organizational meeting: _____

Name of the secretary of the meeting: _____

Date governing documents approved: _____

Officers elected:

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Other: _____

Order minute book: Yes _____ No _____

Type: _____

Date ordered: _____

Cost: \$ _____

VII. OPERATION

Principal place of business: _____

Business location: Own _____ Lease _____ Assignment of lease _____

Preparation of lease: _____

Name of landlord: _____

VIII. FINANCIAL STRUCTURE

Funding obtained through loans: _____

Name of accountant: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Name of insurance agent:

Address: _____

Phone: (____) _____ Fax: (____) _____
E-mail: _____

Referred by: _____

Name of financial consultant:

Address: _____

Phone: (____) _____ Fax: (____) _____
E-mail: _____

Name and address where bank account will be located:

Address: _____

Phone: (____) _____ Fax: (____) _____
E-mail: _____

Bank officer: _____

Account No.: _____

Banking resolutions to be prepared or use bank standard form: Yes _____ No _____

Name and office of persons authorized to draw checks or make loans:

Fiscal or calendar year: _____

IX. BENEFITS PACKAGE

Health and accident plan Yes _____ No _____

Buy-sell agreements Yes _____ No _____

Employment or management agreement Yes _____ No _____

Compensation agreement Yes _____ No _____
Expense agreement Yes _____ No _____
Restrictive covenant agreement Yes _____ No _____
Retirement plan requested Yes _____ No _____
Employment or management agreement Yes _____ No _____

X. PRIOR LEGAL REPRESENTATION

Names of previous attorneys: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Matters handled by that attorney: _____

XI. FEES

Fee: \$ _____

Special handling fee requested: \$ _____

Regular mail: _____ Other: _____

XII. BUSINESS PLAN

XIII. NOTES

