

BISH, BUTLER & THOMPSON, LTD.

LIMITED LIABILITY COMPANY QUESTIONNAIRE

Please provide the following information to the extent it is known. If there are questions you are uncertain of, please leave them blank and you can discuss the matter when you consult with a Bish, Butler & Thompson, Ltd. attorney.

1. Please include the following information for each person that will have an ownership interest (known as a "member") in the limited liability company:

First	Middle Initial	Last
Name: _____		
Street Address: _____		P.O. Box # _____
City, State and Zip Code: _____		
Phone: _____	Fax: _____	
E-mail Address: _____		
Percent ownership: _____		

Name: _____
Street Address: _____ P.O. Box # _____
City, State and Zip Code: _____
Phone: _____ Fax: _____
E-mail Address: _____
Percent ownership: _____

Name: _____
Street Address: _____ P.O. Box # _____
City, State and Zip Code: _____
Phone: _____ Fax: _____
E-mail Address: _____
Percent ownership: _____

Name: _____
Street Address: _____ P.O. Box # _____
City, State and Zip Code: _____
Phone: _____ Fax: _____
E-mail Address: _____
Percent ownership: _____

Do you need a federal tax identification number? Yes ___ No ___. If yes, please provide a social security number of one of the members : _____

Can we send confidential faxes or e-mail to you without prior notice?
Fax: Yes ___ No ___ E-mail: Yes ___ No ___

2. Specify the name you would like to give to the limited liability company (it must include one of the following: "Limited Liability Company", "Limited", "L.L.C.", "LLC", "Ltd" or "Ltd.") (._____

3. If the name you have selected above is not available¹ or is in use by another company, please specify an alternate name for the company. _____

4. Specify the name of the "Statutory Agent", which is the person who is designated by law to receive service of process in litigation and other notices (As a general rule this should be the person who will be the member of the limited liability company. Leave this section blank if the same as item 1 above.).

Name: _____
Street or P.O. Box Address: _____
City, State and Zip Code: _____

5. Specify the purpose of the limited liability company (e.g. to engage in the business of retail sales; to engage in the business of wholesale manufacturing products, etc.). _____

6. Specify all "capital contributions", i.e. property or money that will initially be made to start the company (e.g. cash, equipment, cars, etc.). _____

7. State the duration of the company (you should specify "perpetual" unless you are sure the company should or will cease to exist at a fixed date certain). _____

8. The principal office of the Company will be located at _____.

9. Provide the name and address of the accountant you will use for this business. If you don't have one, leave blank.

Name: _____
Address: _____
Phone: _____
Fax: _____
E-Mail: _____

¹ When considering name availability you should also investigate the availability of a suitable domain name for the Internet. We can help with that upon request.