

WHEN COMPLETE RETURN TO:

Joel B. Jay
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DATE: _____

L.L.C. DATA SHEET

In order to facilitate the formation of your Limited Liability Company, it would be most helpful if you could complete this questionnaire to the best of your ability and return it with any related documents prior to the time of our initial conference. Please complete this information sheet to the best of your ability. If there are some areas that you leave blank, I will follow up on those areas with you at a later meeting.

1. COMPANY INFORMATION:

Legal name of Company _____

Mailing Address _____

Physical Address _____

County and State where principal business is located _____

Number of Employees in a twelve month period _____

Type of Principal Activity of your Business _____

Principal line of Merchandise sold _____

Has this company ever applied for an Employer Identification Number from the IRS?

Yes No

Name of Bank / Financial Institution _____

Address of Bank / Financial Institution _____

2. REGISTERED AGENT'S INFORMATION: (Official Contact Person For Company)

Name _____

Agent's Physical Address _____

3. MEMBER INFORMATION:

1. Name _____

Physical Address _____

Mailing Address _____

Social Security Number of Member _____

Phone Number _____

Amount of Capital Funds Contributed to the Company _____

Other Property Contributed to the Company _____

2. Name _____

Physical Address _____

Mailing Address _____

Social Security Number of Member _____

Phone Number _____

Amount of Capital Funds Contributed to the Company _____

Other Property Contributed to the Company _____

3. Name _____

Physical Address _____

Mailing Address _____

Social Security Number of Member _____

Phone Number _____

Amount of Capital Funds Contributed to the Company _____

Other Property Contributed to the Company _____

Include additional names of other members on a separate sheet as necessary.