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BUSINESS ENTITY ORGANIZER

I. PRELIMINARY INFORMATION

Contact person _____

Business or practice:

Check which type:

- † For-Profit Corporation
- † Professional Corporation
- † Non-Profit Corporation
- † Limited Liability Company
- † Professional Limited Liability Company
- † Professional Association
- † Limited Partnership
- † General Partnership

Purpose: _____

Commencement Date: _____

State of Formation: _____

II. NAME OF BUSINESS ENTITY

Preferred Name: _____

2nd choice: _____

3rd choice: _____

Assumed name certificate: Yes _____ No _____

If yes, assumed name to be used:

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:

E-mail:

Organizer's Name & Address: _____

Phone:

E-mail:

Organizer's Name & Address: _____

Phone:

E-mail:

Name and address of registered agent _____

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

IV. OWNERS (SHAREHOLDERS OR MEMBERS) OF BUSINESS ENTITY

Original Owners:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

V. MANAGERS OR DIRECTORS OF BUSINESS ENTITY

Original Managers or Directors:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

VI. MANAGEMENT STRUCTURE

Officers (If the Entity is a Corporation)

VII. FORMATION

Limited liability for directors/managers? Yes _____ No _____

Transactions permitted with interested directors, officers, shareholders? Yes _____ No _____

Indemnification of directors and others? Yes _____ No _____

Shareholders/Members permitted to act by less than unanimous written consent? Yes _____ No _____

VIII. SHARE TRANSFER RESTRICTIONS

Right of first refusal? Yes _____ No _____

Right of first offer? Yes _____ No _____

Buy-sell agreement? Yes _____ No _____

Involuntary disposition / repurchase by corporation (death, divorce)? Yes _____ No _____

IX. OPERATION

Principal place of business: _____

Business location: Own _____ Lease _____ Assignment of lease _____

Preparation of lease: _____

Name of landlord: _____

X. FINANCIAL STRUCTURE

Funding obtained through loans: _____

Name of accountant: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name of insurance agent: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name of financial consultant: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name and address where bank account will be located:

Name: _____

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: _____

XI. 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 _____
Wills, estate plan or financial planning	Yes _____	No _____