

LIMITED LIABILITY COMPANY FORMATION
CLIENT INFORMATION SHEET

1. Proposed name for your LLC (must include "LLC", "Limited Liability Company" or similar)

1st choice: _____

2nd choice: _____

3rd choice: _____

2. Address of Designated Office/Principal Place of Business in California:

3. Mailing Address (if different than above): _____

4. What is the business purpose of the LLC? _____

5. Effective date: upon filing? _____ other? _____

6. Fiscal Year: same as calendar year? _____ other? _____

7. Initial Member Information

<u>NAME</u>	<u>INITIAL CAPITAL CONTRIBUTION</u>	<u>% INTEREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Manager Information

Name and complete address of the Chief Executive Officer, (if any)

Name: _____

Address: _____

Name and complete address of any Manager (if none, give name & addresses of each Member)

9. What percentage of ownership required to dissolve, merge or sell the LLC? _____

10. What percentage of ownership required to amend the Operating Agreement? _____

11. Name and address of financial institution for accounts:

12. Authorized signatories for checking account:

a. _____

b. _____

c. _____

d. Number of above signatures that are required on a check: _____

13. Contact information for accountant:

a. Name: _____

b. Phone: _____

c. Email: _____

14. Agent for Service of Process:

a. Name: _____

b. Address: _____

c. Phone: _____

15. Additional Information: