



LIMITED LIABILITY COMPANY QUESTIONNAIRE

Cutler Law Group

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The following questionnaire will serve as a checklist by Cutler Law Group in connection with the organization of a California or Nevada limited liability company and related documentation.

1. Name of LLC: _____

2. Location (address) and telephone number of organizer of LLC:

3. Name of LLC:

First choice: _____

Alternate: _____

4. Purpose. General Other (detail)

5. Address of LLC's Principal Office:

Same as above

6. Mailing address if different from above:

Same as above

7. Latest Date on which the LLC is to dissolve :
8. Registered agent and registered address (this is the person who receives service of process against the LLC; the registered agent is normally a responsible manager; P.O. Box address is not acceptable):
- Same as LLC's address other (detail)
9. Number of Managers (only one required by law):
- One Other _____
10. Name(s) and Address(es) of initial Managers(s):
- Organizer of LLC Others (detail):
11. Fiscal year ends (use December 31 unless reason to do otherwise; consult our firm or your accountant):
- December 31 Other _____
12. First date wages or annuities will be paid (Month, Day, Year). If the applicant does not expect to have any employees during the period, enter "0". _____
13. Enter highest number of employees expected in the next 12 months. If the applicant does not expect to have any employees during the period, enter "0". _____
14. Initial Members:
- (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
15. Social Security Number of Initial Members: (a)
- (b)
 - (c)
 - (d)
 - (e)
 - (f)
16. Number of Units

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

17. Purchase Price per Unit

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

18. Type of Consideration

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

19. Any other state or country in which the LLC is to be qualified to do business (if so, requires additional legal work - please contact attorney at phone number above):

Only in state of formation

20. Will the LLC transact business under a trade or fictitious name? If so, specify the name:

21. Has the proprietor ever requested an Employer Identification Number previously? yes no If

so, provide details:

22. Other important factors particular to this business:

Date Signed: _____ Organizer: _____
(Signature)

Please return to:

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