

QUESTIONNAIRE FOR LIMITED LIABILITY COMPANY ("LLC")

Client Contact: _____ CM# _____

LLC Working Name: _____

Date Questionnaire Completed: ____ / ____ / ____

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The formation of a Limited Liability Company ("LLC") in California requires that some personal information be provided about the members, managers, and planned operations. If you have any questions please call to discuss or to set up an appointment to discuss them in person. Once this questionnaire is completed please return to our office, keeping a copy for your records. Thank you.

A. NAME

Please state the name that you would like to use for the LLC. Because that name may be unavailable, Please list two (2) back-up names to be used if your first choice(s) is unavailable:

You must end the LLC's name with one of the following designations:

- "LLC" / "L.L.C."
- "Ltd. Liability Co."
- "Limited Liability Company"

B. MEMBERS

An LLC must have one or more Members. Please identify every person who will be a Member on the initial formation of the LLC.

1. How many members do you wish to begin with: _____

In this regard you must have at least one (1) member, but that member can be an individual or a business entity.

2. For each Member provide the following information

Member 1 _____

Give both birth name and any English names used

Work Address _____

Telephone: _____

Facsimile: _____

Cellular: _____

e-mail: _____

Home Address _____

Telephone: _____

Facsimile: _____

e-mail: _____

Member 2 _____

Give both birth name and any English names used

Work Address _____

Telephone: _____

Facsimile: _____

Cellular: _____

e-mail: _____

Home Address _____

Telephone: _____

Facsimile: _____

e-mail: _____

Member 3 _____

Give both birth name and any English names used

Work Address _____

Telephone: _____
Facsimile: _____
Cellular: _____
e-mail: _____

Home Address _____

Telephone: _____
Facsimile: _____
e-mail: _____

Please see attached list for additional Members.

3. Describe the relationship that each Member has had with the LLC (e.g. founder, related to founder, employee, consultant, passive investor):

	Name	Relationship
(1)		
(2)		
(3)		
(4)		
(5)		

C. MANAGEMENT

A LLC may be managed either by the members or by outside management. If the member(s) will play any role in the management of the LLC, even if assisted by outside management, then you should check

- Managed by the Member(s)
- Managed by outside management

Who:

Please state the number of Managers:

- One Manager
- More than one Manager
- All Members will be Managers

D. OFFICERS

An LLC may designate the following officers:

President _____

Give both birth name and any English names used

Work Address _____

Telephone: _____
Facsimile: _____
Cellular: _____
e-mail: _____

Home Address _____

Telephone: _____
Facsimile: _____
e-mail: _____

Secretary _____

Give both birth name and any English names used

Work Address _____

Telephone: _____
Facsimile: _____
Cellular: _____
e-mail: _____

Home Address _____

Telephone: _____
Facsimile: _____
e-mail: _____

Treasurer _____

Give both birth name and any English names used

Work _____

Address _____

Telephone: _____

Facsimile: _____

Cellular: _____

e-mail: _____

Home
Address _____

Telephone: _____

Facsimile: _____

e-mail: _____

E. THE OPERATING AGREEMENT

1. Every LLC must have an Operating Agreement before the LLC is fully organized. Please state all issues or matters which you believe should be included or considered in the Operating Agreement:

2. Name the persons (or corporate offices) who can sign on checks. State how many signatures are required (the required number of signatures may vary based on the amount of the draft).

Signatories: _____

Need _____ signatures on checks,
and if over \$_____ need _____ signatures

Other terms for financial activities:

F. OTHER LLC INFORMATION

1. State the address of the executive office of the LLC:

2. Describe the nature of intended business activities:

3. Describe any licenses, permits, etc. held, or to be obtained, by the LLC:

G. FINANCIAL MATTERS

With respect to the LLC's initial funding:

1. State the total initial investment into the LLC: US\$ _____

2. Describe the investment by each Member for the purchase of their interest in the LLC (e.g. cash, promissory note, forgiveness of loan to LLC, services already rendered):

	Name	Total Share Price	Payment Form
(1)			
(2)			
(3)			
(4)			
(5)			

3. State the total amount of loans to be taken out by the LLC as part of its initial funding, including those reasonably foreseeable at this time: US\$ _____

4. Describe any other funding sources:

4. State the name and address of the Bank at which the LLC will maintain its accounts:

name: _____

address: _____

account # _____

H. BUSINESS MATTERS

1. Has the LLC taken out any loans which should be reflected in a writing and Board approval?

Yes

No

If Yes, describe:

2. Has the LLC entered into any employment agreements which should be reflected in a writing and Board approval?

Yes No

If Yes, describe:

3. Has the LLC entered into any leases or purchases of real property which should be reflected in a writing?

Yes No

If Yes, describe:

4. Has the LLC entered into any leases or purchases of significant items of personal property which should be reflected in a writing?

Yes No

If Yes, describe:

I. Obtaining an Employer Identification Number from the IRS

With the current scrutiny exercised by the IRS we recommend that a principal or managing member of the LLC obtain the EIN directly from the IRS. This will require the name and social security number of that principal, officer, or director be given to the IRS. We can assist in completing the paperwork and provide guidance in obtaining the EIN, but the Client representative should call the IRS to obtain the EIN over the telephone. We can obtain the number for you but it will require several additional days.

Name: _____ SS# _____ - _____ - _____

Please provide the name **exactly** as it appears on the Social Security card for the person whose social security number is provided.

(a) Number of employees anticipated next 12 months: _____

(b) First date wages will be paid (if known): _____ / _____ / _____

J. FICTITIOUS BUSINESS NAME

1. Will the LLC use any fictitious business name(s)? (any name other than the actual name of the LLC itself and often called a "d.b.a."):

Yes No

If Yes, state the name(s):

2. Has a fictitious business name statement been filed with the County Clerk for any of the above?

Yes No

If Yes, state date(s) and county(ies) where filed:

3. Do you want our office to file the registration for the above fictitious business name?

Yes No

If Yes, state the date each name will begin to be used:

The above information and the required documentation must be provided before the LLC can be organized. Please call if you have any questions in this regard. Thank you very much.

This brief questionnaire is not intended to thoroughly analyze the LLC's legal needs, or to provide a basis for determining what additional actions are required beyond the completion the corporate formalities. If you have additional concerns, for example trademarks, contracts, employment issues, or other matters, please bring these to my attention and we can discuss what, if any, action should be taken at this time.