

LIMITED LIABILITY COMPANY INFORMATION FORM

This Limited Liability Company Information Form should be filled out as completely as possible and forwarded to Zach Starnes of The Cole Law Firm, LLC for review prior to a personal conference. If convenient, please return the completed form by e-mail to zach@carlcolelaw.com. Alternatively, you may return the completed form by (i) delivering it to the offices of The Cole Law Firm, located at 401 Lee Street, Suite 301, Decatur, Alabama 35601; (ii) mailing it to The Cole Law Firm, ATTN: Zachary H. Starnes, Post Office Box 2064, Decatur, Alabama 35602-2064; or (iii) faxing it to The Cole Law Firm, ATTN: Zachary H. Starnes at 256.353.0552.

If you have any questions regarding these instructions, or anything in this form, please contact Zach Starnes by e-mail (zach@carlcolelaw.com) or telephone (256.353. 0550).

LLC INFORMATION

- 1) What will be the legal name of the LLC? (This name will be confirmed with you prior to obtaining a name reservation certificate from the Secretary of State’s Office.)

- 2) Do you anticipate using any “trade names” or “d/b/a names”? If so, what are they?

- 3) What is the primary business purpose of the LLC?

- 4) What is the physical (street, no P.O.) address of the principal office of the LLC in Alabama? If the LLC has a different mailing address, please include that address as well.

Physical Address: _____

Mailing Address: _____

- 5) Complete the below information for all initial Members of the LLC. If there are more than four (4) initial Members, please attach a sheet with the information for any additional Member(s).

Member 1

Name: _____

Address: _____

SSN: _____

Cap. Contr. _____ % Ownership: _____

Member 2 (if applicable)

Name: _____

Address: _____

SSN: _____

Cap. Contr. _____ % Ownership: _____

Member 3 (if applicable)

Name: _____

Address: _____

SSN: _____

Cap. Contr. _____ % Ownership: _____

Member 4 (if applicable)

Name: _____

Address: _____

SSN: _____

Cap. Contr. _____ % Ownership: _____

6) Will the LLC be equally managed by all its Members or will it be managed by one or more appointed Managers?

7) If the LLC will be managed by one or more appointed Managers, who will be the initial appointed Managers?

8) List the name, physical street address (no P.O. addresses), and SSN of the initial registered agent of the LLC. This is the person designated to receive all "official" correspondence and other documents on behalf of the Corporation including, for example, any lawsuit filed against the LLC.

Name: _____

Address: _____

SSN: _____

9) What bank (name, branch location) will the LLC use for its primary account?

10) Who will serve as the initial accountant for the LLC?

11) In the LLC's first year of existence, will the LLC have employees? _____

12) If the LLC will have employee, please answer the following questions:

a. What is the highest number of employees that the LLC will have during its first year of existence? _____

b. What is the date that wages will first be paid to the employee(s)? _____

c. Will the LLC pay more or less than \$4,000 in total wages to its employee(s) in a full calendar year? _____

13) What will be the last month of the LLC's fiscal year? _____

14) Do you have any special provisions you would like to see included in the LLC's Company Agreement or other unique considerations? If so, please describe those below.

15) List the name, address, phone number, and e-mail address for the person completing this form.

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____