

Street _____

City _____ ST _____ ZIP _____

This is an outdated address; please advise us if it appears on any official records

| State Business Licenses: | <u>Type/Description</u> | <u>Issue Date</u> | <u>Expiration Date</u> |
|---------------------------------|-------------------------|-------------------|------------------------|
| | _____ | | |
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| Local Business Licenses: | <u>Jurisdiction (City/County)</u> | <u>Type</u> | <u>Number</u> |
|---------------------------------|-----------------------------------|-------------|---------------|
| | _____ | | |
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| | _____ | | |
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Please list all company officers, owners, directors, top-level managers, and/or members:

| | | | |
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Please indicate the primary contact person for *legal matters*: _____

See contact info above

Use contact info as follows: _____
Work Phone Cell Email

Please indicate the primary contact person for *billing and accounts payable*: _____

See contact info above

Use contact info as follows: _____
Work Phone Cell Email

CPA or accountant (who does your taxes?):

| Name | Title | Company |
|-------|-------|---------|
| Phone | Email | |

Previous legal representation:

| Attorney Name | Firm | Phone |
|---------------|----------------------------------|-------|
| Email | Legal Matter (brief description) | |

| Attorney Name | Firm | Phone |
|---------------|----------------------------------|-------|
| Email | Legal Matter (brief description) | |

Please provide a brief description of your company (type of business, current status and goals, initial legal concerns, needs, or questions):
