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QUESTIONNAIRE FOR FORMING A CALIFORNIA LIMITED LIABILITY COMPANY

OF

DATE: _____

In order to save time and expense, please complete this questionnaire as completely as you can. If you need more space, use another sheet. If you are not certain about an answer, leave the space blank. Please bring this questionnaire with you (or mail it to the attorney) together with copies of existing company documents (if any).

1. PROPOSED MEMBER(S):

(a)	_____	_____	_____
	(name)	(phone)	(social security number)

	(street)		

	(city, state, zip)		
(b)	_____	_____	_____

(c)	_____	_____	_____

(d)	_____	_____	_____

(e)	_____	_____	_____

2. **ADDRESS AND PHONE NUMBER:**

(a) Principal place of business:

(b) Phone and Fax: _____

3. **LIMITED LIABILITY COMPANY NAME:**

(a) FIRST CHOICE: _____

(B) SECOND CHOICE: _____

(c) THIRD CHOICE: _____

4. **NAME OF LLC (if already established):**

If the LLC has been established, and is on file with the Secretary of State, please provide the name of the LLC as it appears on the Articles of Organization and the file number:

5. **INITIAL AGENT FOR SERVICE OF PROCESS:**

An agent for service of process is an individual or some other corporation, which is designated to accept service of process on behalf of the proposed Limited Liability Company. Advance approval from the proposed agent should be obtained prior to designation. Only one individual may be named as agent for service of process. The person named as agent must be a resident of California.

Name: _____

Address: DO NOT USE A POST OFFICE BOX

6. **DATE OF FILING:**

The date of filing will be filed as of the date of receipt by the office of the Secretary of State of the Articles of Organization accompanied by the applicable filing fee and is the commencement of Company existence. The term of existence of the Company shall continue until (unless terminated sooner by the

provisions of the Operating Agreement):

7. **PURPOSE:**

The Company will be formed for the purposes of engaging in the business of:

8. **MEMBER'S CAPITAL CONTRIBUTIONS:**

Please list any monies and/or property to be contributed to the capital of the Company. The Fair Market Value of each item contributed should also be listed.

9. **METHOD OF ACCOUNTING** (accrual/cash): _____

10. **MANAGERS:**

one manager more than one manager limited liability company members

Name(s) and Address(es):

Phone:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. **NAMES OF SPOUSES (IF APPLICABLE):**

12. **PROFESSIONAL AGENTS OR ADVISORS:**

(a) Accountant or Tax Preparer: _____

(b) Insurance Agent(s): _____

(c) Banker (and Bank): _____

(d) Other Agents, Advisors, or Attorneys: _____