

**Limited Liability Company (“LLC”)
Business Formation Questionnaire (“BFQ”)
for
Ropers, Majeski, Kohn & Bentley**

François G. Laugier

- 1 Name of Business Entity: _____
- 2 Doing business as (if applicable): _____
- 3 Principal Business Address (indicate mailing address if different): _____

- 4 City, State, ZIP Code: _____
- 5 Telephone and Fax: _____
- 6 E-mail address: _____
- 7 Web Site (if available): _____
- 8 Name of Incorporator: [Attorney Name] _____
- 9 Responsible Attorney Name: [Attorney Name] _____
- 10 Responsible Attorney Direct Dial #: [Attorney Telephone] _____
- 11 Name of Agent for Service of Process in California: _____
- 12 Agent’s Street Address (no P.O. Box): _____
- 13 City, State, ZIP Code: _____
- 14 Fiscal Year End: _____
- 15 Bank Name: _____
- 16 Bank’s Street Address: _____
- 17 City, State, ZIP Code: _____
- 18 Check Authorized Signature #1 _____
- 19 Check Authorized Signature #2: _____

20 Check Authorized Signature #3: _____

If more than 3 authorized signatories, please attach list of additional names

21 Street Address for Members & Board of Managers Meetings: _____

22 City, State, ZIP Code: _____

Please see the attached Exhibit A

to complete members' information and type and amount of capitalization

** The officer information below is optional. Officers may be appointed later, if desired. **

** Either the members, or the managers, alone, may operate the company. **

23 Name of Chief Executive Officer _____

24 Name of President (if different from CEO): _____

25 Name of Chair of Board: _____

26 Name of Chief Financial Officer: _____

27 Name of Secretary: _____

28 Name(s) of Vice-President(s): _____

** The manager information below is optional. Managers may be appointed later, if desired. **

** The members alone may manage the company. **

29 Manager 1 Name: _____

30 Manager 2 Name: _____

31 Manager 3 Name: _____

32 Manager 4 Name: _____

33 Manager 5 Name: _____

If more than 5 Managers, please attach list of additional names

34 Accountant (CPA) Name: _____

35 CPA's Company Name: _____

36 CPA's Address: _____

37 City, State, ZIP Code: _____

38 CPA's Phone and Fax #s: _____

39 CPA's E-mail address (if available): _____

For purposes of obtaining Employer Identification Number ("EIN")

40 Date business started (if not date Articles filed): _____

41 First date wages were/will be paid: _____

42 Highest number of employee expected in the next 12 months: _____

43 Principal Activity: _____

44 If the principal activity is manufacturing, principal product and raw material used: _____

45 To whom are most of the products or services sold (indicate retail, wholesale or other):

46 Has the applicant ever applied for an identification number for this or any other business? _____ If yes,
indicate previous trade name(s) and EIN(s): _____

47 Name and U.S. social security number of the corporation's officer responsible for tax matters:

Please note: For purposes of filing the EIN, the alternative to the U.S. social security number required in 47 above is an individual taxpayer identification number ("ITIN"). The application for an ITIN must be submitted to the IRS via US mail, and accompanied by a notarized copy of the officer's photo passport. In that case, the processing time can be up to 8 weeks.

**For purposes of obtaining BE-13 Exemption Claim
(applicable only if foreign owned)**

48 Total assets of the business enterprise at the time of acquisition or immediately after being established without netting the liabilities: _____

49 Sales or gross operating revenues, excluding sales taxes (forecasted at year end): _____

50 Net income after provision for U.S. income taxes (forecasted at year end): _____

51 Number of acres of U.S. land owned by the business enterprise: _____

[Continue in the next page]

EXHIBIT A
ADDRESSES AND CAPITAL CONTRIBUTION
OF MEMBERS

Member's Name and Taxpayer I.D.	Member's Resident Address, email, Phone #, and Facsimile #	Member's Capital Contribution <small>(cash, cancellation of debt, deferred salary, intellectual property, business plan, expertise, customer and supplier lists, etc.)</small>	% Held
<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Tax ID</p>			
<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Tax ID</p>			
<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Tax ID</p>			
<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Tax ID</p>			
<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Tax ID</p>			