NEW BUSINESS FORMATION - CORPORATION / LIMITED LIABILITY COMPANY

1. Name of the organ	nization I check with Secretary of State before col	(subject to name mpleting company documents)
Business address		(cannot be P.O. Box)
Mailing address (if differ	rent)	
Business Phone:		Fax:
Business Email:		Website:
2. Information on Ow	ner(s)	
OWNER #1	Name	
	Address	
	(Street)	(City/State/Zip)
	Phone	
	Social Security Number:	
	Percent of Ownership in Company	
OWNER #2	Name	
	Address	
	(Street)	(City/State/Zip)
	Phone	
	Social Security Number:	
	Percent of Ownership in Company	
OWNER #3	Name	
	Address(Street)	(City/State/Zip)
	Phone	` '
	Social Security Number:	
	Percent of Ownership in Company	
OWNER #4	Name	
	Address(Street)	(City/State/Zip)
		, ,
	Social Security Number:	
	Percent of Ownership in Company	
If more than 4 Owners,	please use separate sheet and include a	ll the above information for each owner

4. Nature of business :			
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(Describe generally what th	e business will do, prod	ucts sold or services t	o be rendered)
5. Officers of the compan	y:		
President:		Treasurer:	
Vice President:		Secretary:	
	(Other)		
	(Other)		
other number of officers, suddifferent officers, like Produ	ch as Vice President of Suction Manager and Satimes when clients want	Sales, etc. An LLC ca les Manager, or any c	corporation. A corporation can have any in have traditional officers, or can create other type of variations. The traditional we divide the jobs into the areas which
6. Name and address for	Registered Agent:		
		(this is the	person who receives service of process
in the event the organization State of Nebraska. If need		ces from the secretary	of state. It has to be a resident of the
7. Name of the bank whe	re you'll conduct your	main banking	·
8. Any other unusual circ	umstances that you thi	ink I should know abo	out (shareholder is a minor, is a foreign
citizen, is a trustee of a trus	st): <u>:</u>		

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