FITZGERALD LAW OFFICE

J. DOUGLAS FITZGERALD Attorney at Law

LIMITED LIABILITY COMPANY QUESTIONNAIRE Multiple Member

I.	Owner #1 Information:	
	Name:	
	. Address:	
	. Phone:	
	o. Social Security No.:	
	. Spouse's Name:	
II.	Owner #2 Information:	
	Name:	
	. Address:	
	. Phone:	
	o. Social Security No.:	
	. Spouse's Name:	
NC	: If there are additional owners, please include the same information for them on the back of this page).
III.	Company Information:	
	Proposed Company Name:	
	1) First choice:	
	Second choice: Company mail should be addressed to:	

- D. P	
- D. P	
D. F	
	Primary decision maker for day-to-day company matters:
	List the amount of money and/or assets that each owner will contribute as the company's start-up capital:
-	
- 	None and address of the someony's associations.
F. P	Name and address of the company's accountant:
G. N	Name and address of the company's financial institution:
H. N	Name and address of the company's insurance agent:
<u>Exit</u>	it Strategies:
A. (Company's approximate value:
В. Т	The following issues should trigger an owner's exit or buy-out:
	\square Death \square Divorce \square Withdrawal/Retirement
	□Disability/Incapacity □Financial Trouble/Bankruptcy
	□Other:
C. N	Name and address of the company's life insurance agent: