

**LIMITED LIABILITY COMPANY QUESTIONNAIRE  
Single Member**

**I. Owner Information:**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_  
\_\_\_\_\_

C. Phone: \_\_\_\_\_

D. Social Security No.: \_\_\_\_\_

**II. Company Information:**

A. Proposed Company Name:

1) First choice: \_\_\_\_\_

2) Second choice: \_\_\_\_\_

B. Company address, if not the same as above:

\_\_\_\_\_  
\_\_\_\_\_

C. Briefly describe the company's business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Back-up decision maker for day-to-day company matters:

---

E. List the amount of money and/or assets that will be contributed as the company's start-up capital:

---

---

---

F. Name and address of the company's accountant: \_\_\_\_\_

---

---

G. Name and address of the company's bank: \_\_\_\_\_

---

---

H. Name and address of the insurance agent providing casualty or liability insurance: \_\_\_\_\_

---