

LAW OFFICE OF



KYLE H. BARRICK

PLANNING YOU CAN TRUST

INITIAL INFORMATION SHEET FOR LIMITED LIABILITY COMPANIES

Preferred Name Of Company: _____

Company Address: _____

Brief Description Of Business Activities:

Name : _____ Phone Number: _____

Social Security Number: _____

Name(s) and address(es) of the Member(s)/Owner(s):

Number, if any, of Expected Employees in the First Year of Business:

Credit Card Number : _____ Expiration Date: _____

Code: _____ Name On Card: _____