

## CHERRY WAY DOCUMENT PREPARATION SERVICES

CORPORATION FORMATION QUESTIONNAIRE	
Your Name: _____	Request Date: _____
Phone: (____) _____ Fax: (____) _____ E-Mail: _____	Date Needed: _____
I. Type of Entity to be Formed <i>(All Entity Types)</i>	
1. State of Formation	<input type="checkbox"/> California <input type="checkbox"/> Delaware <input type="checkbox"/> Nevada <input type="checkbox"/> Specify: _____
<b>2. Choose Entity Type:</b>	<b>3. Please complete corresponding details for Entity type:</b>
<input type="checkbox"/> Corporation	<input type="checkbox"/> Domestic <input type="checkbox"/> Close <input type="checkbox"/> SubChapter S <input type="checkbox"/> Non-Profit <i>*Please Specify:</i> <input type="checkbox"/> Mutual Benefit <input type="checkbox"/> Public Benefit <input type="checkbox"/> Religious
<input type="checkbox"/> Foreign Qualification	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional State of Incorporation: _____ Date: _____
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <i>If Foreign, please Specify:</i> State of Organization: _____ Date: _____
4. Name of Entity:	1 <sup>st</sup> Choice: _____ 2 <sup>nd</sup> Choice: _____ 3 <sup>rd</sup> Choice: _____  Reserve Entity Name Prior to Formation: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Principal Business Activity:	_____
6. Principal Business Address and Phone Number:	Phone Number: (____) _____ Business Address: _____ City: _____ State: _____ Zip: _____
7. Name and address of Registered Agent for Service of Process:	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney <input type="checkbox"/> Corporate Agency Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____
II. Corporation Background Information	
8. Authorized Shares:	Common Stock: _____ Preferred Stock: <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, Specify:</i> Authorized Number: _____ <input type="checkbox"/> Blank Check <input type="checkbox"/> Series A** <b>**Attached any specific terms and conditions for Series A Preferred Stock</b>
9. Names and Titles of Officers: <i>*Can be same Person. Also include attachment if additional officers</i>	_____ President and/or Chief Executive Officer _____ Chief Financial Officer or Treasurer _____ Secretary

## CHERRY WAY DOCUMENT PREPARATION SERVICES

II. Corporation Background Information (Continued)	
10. Number, names and Addresses of Initial Board of Directors: * <i>*Include attachment if additional directors</i>	Number of Directors: _____ <input type="checkbox"/> Fixed Number <input type="checkbox"/> Variable Number Name: _____ Address: _____ Name: _____ Address: _____ Name: _____ Address: _____
11. Stock Issuance: * <i>*Include attachment if additional issues</i>	Name of Issuee: _____ Number of Shares: _____ Type of Stock: <input type="checkbox"/> Common Stock <input type="checkbox"/> Preferred Stock Consideration Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Property* <input type="checkbox"/> Both  Name of Issuee: _____ Number of Shares: _____ Type of Stock: <input type="checkbox"/> Common Stock <input type="checkbox"/> Preferred Stock Consideration Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Property* <input type="checkbox"/> Both  Name of Issuee: _____ Number of Shares: _____ Type of Stock: <input type="checkbox"/> Common Stock <input type="checkbox"/> Preferred Stock Consideration Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Property* <input type="checkbox"/> Both  *Description of Property: _____ Stock Transfer Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Specify:</i> _____
12. Founder Stock Agreements:	Will you need prepared? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*Attach any nonstandard, specific terms and conditions for Founders Stock Agreement</i>
13. Accounting Year/Method: 14. Fiscal Year End: 15. Minute Book:	<input type="checkbox"/> Calendar <input type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Calendar (e.g., December 31 <sup>st</sup> ) <input type="checkbox"/> Specify: _____, 20 ____ <input type="checkbox"/> Special Order (Seal Included) <input type="checkbox"/> Black Binder
16. Bank Depository:	Name _____ Branch Address: _____ _____ Authorized Signatories: _____
17. Retrieve a Federal Tax I.D. Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i> Mailing Address (if different than above): _____ First date wages will be paid to employees: _____ Type of Customer: <input type="checkbox"/> Business ( <i>Wholesale</i> ) <input type="checkbox"/> General Public ( <i>Retail</i> ) <input type="checkbox"/> Other: (Specify): _____ <input type="checkbox"/> N/A
18. Retrieve a State Tax I.D. Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i> Total Number of Employees: _____ First date wages will be paid to employees: _____ Approximate total number of employees anticipated in next 12 months: _____

## CHERRY WAY DOCUMENT PREPARATION SERVICES

II. Corporation Background Information (Continued)	
19. Will You Require Any Special Permits, Registrations or Licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify:</i> _____ _____
20. Lease of Office Space or entering into any Agreements with Individuals or Other Entities Which Require Board Approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i> Landlord's name and address: _____ _____ Office Lease principal terms and conditions: _____ _____ Agreement principal terms and conditions: _____ _____
<b>Foreign Corporations:</b>	Order Good Standing Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Will engage in Practice of: <input type="checkbox"/> Accountancy <input type="checkbox"/> Law Corporate Name <i>(if different than above):</i> _____ Office Address for use in Qualification State: _____ _____ Name and Title of Signing Officer: _____ _____
<b>Limited Liability Company (LLC)</b>	LLC Managed By: <input type="checkbox"/> One Manager <input type="checkbox"/> More than One Manager <input type="checkbox"/> All Limited Liability Company Member(s) If Foreign LLC: Order Good Standing Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Proposed LLC Name <i>(if different than above):</i> _____ Office Address for use in Qualification State: _____ _____ Name and Title of Authorized Signatory: _____
VI. Additional Comments or Information	
<i>Specify any additional terms/comments:</i> _____ _____ _____ _____	