

## CHERRY WAY DOCUMENT PREPARATION SERVICES

PARTNERSHIP FORMATION QUESTIONNAIRE	
Your Name: _____	Request Date: _____
Phone: (____) _____ Fax: (____) _____ E-Mail: _____	Date Needed: _____
I. Partnership Type (All Entity Types)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> General (GP)  <input type="checkbox"/> Limited Partnership (LP) <i>*Please Specify:</i> <div style="margin-left: 40px;"> <input type="checkbox"/> Domestic                      <input type="checkbox"/> Foreign    <i>If Foreign, please include:</i>                      State of Organization: _____ Date: _____                 </div> <input type="checkbox"/> Limited Liability Partnership (LLP) <i>*Please Specify:</i> <div style="margin-left: 40px;"> <input type="checkbox"/> Domestic                      <input type="checkbox"/> Foreign    <i>If Foreign, please include:</i>                      State of Organization: _____ Date: _____                 </div>
1. Formation State:	<input type="checkbox"/> California <input type="checkbox"/> Delaware <input type="checkbox"/> Nevada <input type="checkbox"/> Specify: _____
2. Partnership Name:	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
3. Principal Business Activity:	_____
4. Principal Business Address and Phone Number:	Phone Number: (____) _____ Business Address: _____ City: _____ State: _____ Zip: _____
5. 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: _____
6. Name and Number of Partners:	Number of Partners: _____  Name: _____ Address: _____ _____  Name: _____ Address: _____ _____  Name: _____ Address: _____ _____

