

LAW OFFICE OF ALISHA L. JACOBSEN

I am working remotely and can consult with clients virtually

Telephone: 301-424-0677; 240-423-6847 (cell)

FAX: 301-340-6947

E-mail: alisha@jacobsenattorney.com

CONFIDENTIAL QUESTIONNAIRE FOR BUSINESS CONSULT

DATE: _____

1. Full Name: _____

2. Address: _____

3. Best telephone number where you can be reached: _____

4. Preferred e-mail address: _____

5. Occupation/Employer: _____

6. Date of Birth and Current Age: _____

7. Nationality: _____

8. What kind of business entity do you wish to form? _____

9. What is the purpose of this business entity? _____

10. Where will this business's principal place of business be? _____

11. How do you wish this business to be managed? _____

12. How many people will be either a member or a partner or a director? _____

13. Who will you select to be the Resident Agent? _____

14. Who will be the director(s) and/or officer(s)? _____

Question 14. Continued...-

15. Do you own or have you owned any other businesses?

16. Are you a member or partner of any other business? _____

17. Are you interested in having an operating agreement or partnership agreement drafted?

18. If you currently own a business, do you have a succession plan for your business? _____