CONFIDENTIAL WORKSHEET – LLC

1. How were you referred to Corporate Services Group, LLC? *(Please Check One)*

   ○ Nevada Secretary of State Registered Agent Listing ○ Client Referral ○ Advertisement ○ Internet

   ○ Other (Explain) _____

2. Name of LLC *(Note: A corporate ending (e.g. "LLC.", "Limited-Liability Company." or "Ltd.") is mandatory in the State of Nevada. If an ending is not listed on the form, one will be added to the corporate name.)*

   _____

   Alternate name(s) if first choice not available *(in order of preference)*

   _____

3. Dissolution Date (if existence is not perpetual)

   _____

Company managed by ○ Manager(s) OR ○ Managing Member(s) (Note: If Manager managed, only the Manager(s) need be disclosed in public filings.)

4. Member or Manager Name _____

   Member or Manager Name _____

   Member or Manager Name _____

5. Name of Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Fax _____ Email Address _____

Shipping Address *(if different from mailing address) (Please note: A physical address is necessary for Records Custodian and for shipment of the record book via courier services)*

Address _____

City _____ State _____ Zip _____

6. The following apply to this LLC: ☐ 001 - Government entity; ☐ 005 - Motion Picture Company; ☐ 006 - NRS 680B.020-Insurance Company

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