

Jackson Registered Agents, LLC

Business Entity Information Questionnaire.

NAME OF ENTITY	
(1) Address for delivery of legal process & legal matters. (A physical address is required for receipt of Service of Process. Post Office boxes are NOT acceptable)	Name: _____ Title: _____ Street Address: _____ City: _____ State _____ Zip _____ Telephone: _____ Fax: _____ Email: _____
(2) Mailing Address for renewal invoice and general communications <input type="checkbox"/> check if same address as #1	Name: _____ Title: _____ Street Address: _____ City: _____ State _____ Zip _____ Telephone: _____ Fax: _____ Email: _____
(3) Contact information of a natural person who is an officer, director or employee or designated agent authorized to be the contact person for the business entity. <input type="checkbox"/> check if same as #1	Name: _____ Title: _____ Street Address: _____ City: _____ State _____ Zip _____ Telephone: _____ Fax: _____ Email: _____
(4) Attorney or Organizer -who organized your business entity <input type="checkbox"/> check if same as #1	Name: _____ Title: _____ Street Address: _____ City: _____ State _____ Zip _____ Telephone: _____ Fax: _____ Email: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF AUTHORIZED INDIVIDUAL: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____