



# PARTNERSHIPS/CORPORATIONS

**TRADE NAME:** \_\_\_\_\_

FORM L-102-PC (12/2007)

**1A.** Indicate type of ownership and complete the information below:

- Corporation  
  Limited Liability Company  
  Partnership  
  Limited Partnership  
  Limited Liability Partnership

**B.** Federal Employer's I.D. No.: \_\_\_\_\_

**C.** Entity Name: \_\_\_\_\_

**D.** Charter No.: \_\_\_\_\_ Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

**2. COMPLETE THE FOLLOWING PER INSTRUCTIONS:**

**FOR ALL OFFICER(S), PARTNER(S), DIRECTOR(S) AND MANAGER(S)**

Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State    ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State    ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
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Residential Address		City	State    ZIP Code (9 Digits) -

(IF YOU NEED ADDITIONAL SPACE FOR MORE NAMES, USE ADDITIONAL COPIES OF THIS PAGE.)