



# PARTNERSHIPS/CORPORATIONS

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

FORM L-106-PC (8/2005)

**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: \_\_\_\_

**E.** Number and class of shares, memberships or units issued: \_\_\_\_\_

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

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

Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -
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Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -

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