



CORPORATION

TRADE NAME: _____

FORM L-107-C (11/2005)

FOR CORPORATION OR LIMITED LIABILITY COMPANY-OFFICER(S) AND DIRECTOR(S) OR CORPORATION, OFFICER(S) AND MANAGER(S) OF LIMITED LIABILITY COMPANY, STOCKHOLDERS/MEMBERS

1. If applicant is a corporation or limited liability company, enter the following information:

A. Federal Employer's I.D. No. _____

B. Entity Name _____

C. Charter No. _____ Date Approved ____ / ____ / ____ State _____

D. Number and class of shares, memberships or units issued: _____

2. Are at least 51% of each class of shares, memberships, or units issued owned by persons who are at least 21 years of age or older? **2.** **YES** **NO**

3. Have the persons in 3 A, B and C, legally resided in Texas for at least **one year** immediately preceding the filing of this application?

A. All officers? **3A.** **YES** **NO**

B. 51% of owners of each class of shares, memberships, or units issued? **B.** **YES** **NO**

C. Majority of directors? **C.** **YES** **NO**

4.↓ COMPLETE THE FOLLOWING PER INSTRUCTIONS:

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

(IF MORE SPACE IS NEEDED, USE ADDITIONAL COPIES OF THIS PAGE.)