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http://www.GetIncNow.com

Fax/Email completed form to 415-276-4174.

COMPANY NAME: _____
ALTERNATE NAME: _____
STATE OF ORGANIZATION: _____
BUSINESS DESCRIPTION & ACTIVITY: _____

CONTACT & SHIPPING ADDRESS

Name: _____ T. () _____
Address 1: _____ F. () _____
Address 2: _____
City, State: _____ Zip Code: _____
County: _____
Email: _____

BUSINESS ADDRESS & ACTIVITY [] check if same as above

Address 1: _____
Address 2: _____
City, State: _____ Zip Code: _____
County: _____

CREDIT CARD INFORMATION

(MC or Visa ONLY)

Cardholder's Name: _____
Credit Card No.: _____ - _____ - _____ - _____
Exp.: ____/____

(If the billing address for this Credit Card is different then your contact information, please note the information)

I authorize Pacific Corporate Filings, Inc. to provide typing and filing services for the above company. I understand that Pacific Corporate Filings, Inc. is not licensed to practice law, and does not practice law, in California or in any other jurisdiction. No one at Pacific Corporate Filings, Inc. has provided me with any legal or financial advice.

X _____
(NAME) Date

Please note that Pacific Corporate Filings, Inc., is not licensed to practice law, and does not practice law, in California or in any other jurisdiction. If you have any questions regarding the above documents, or any other questions of a legal nature, we encourage you to contact your legal counsel.

SERVICES ORDERED: (please check)

Limited Liability Company Package

PCF Service/Processing Fees \$125

State Filing Fees **

The Limited Liability Company will be Managed by:

NOTE: If management is by the members, then each member participates in the management of the company.

YOU MUST CHECK ONE OF THE FOLLOWING:

One Manager

More than one Manager

All Limited Liability Company Member(s) Members=Owners

Homeowner's Kit FREE †

EIN Obtainment Service \$40 [fill out **Section A**]

Operating Agreement & Organizational Minutes \$125 [fill out **Section B**]

LLC Kit & Seal \$75

Foreign Qualification, In which state(s): _____ *

Certificate of Good Standing, In which state(s): _____ *

***please refer to the State Filing Fee Attachment for respective prices for each state*

** fees will be accordingly to state fees + a PCF Service Fee of \$25*

† Promotion of the FREE Homeowner's Kit ends 08/31/05.

OPTIONAL SHIPPING METHOD:

FedEx Overnight Upgrade \$25

REGISTERED AGENT (SERVICE OF PROCESS):

PCF REGISTERED AGENT SERVICE \$125

SELF REGISTERED

If you checked Self Registered, please complete the following:

(NO PO BOXES, and MUST RESIDE IN THE STATE OF ORGANIZATION)

Name: _____

Address 1: _____

Address 2: _____

City, State: _____

Zip Code: _____

MEMBER(S) INFORMATION:

(1) Member's Name: _____

Street Address: _____

City, State, Zip Code: _____

(2) Member's Name: _____

Street Address: _____

City, State, Zip Code: _____

(3) Member's Name: _____

Street Address: _____

City, State, Zip Code: _____

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SECTION A (EIN)

Principal Officer Name & Title: _____

Social Security Number of Officer Listed Above: _____ - _____ - _____

(used for IRS verification)

Number of Employees in 1st year: _____

If entered a number other than 0,

list first date that wages will be paid: _____

Accounting Year End: _____ (if left blank it will default into DECEMBER)

Telephone & Fax Number: t. () _____ f. () _____

SECTION B (Operating Agreement & Organizational Minutes)

Initial Capital Contribution to the Company: \$ _____

Shareholders Name & Percentage:

(1) Shareholder's Name: _____

Percentage Own: _____ %

(2) Shareholder's Name: _____

Percentage Own: _____ %

(3) Shareholder's Name: _____

Percentage Own: _____ %

(4) Shareholder's Name: _____

Percentage Own: _____ %

IF THE COMPANY WILL BE MANAGED BY MANAGERS, COMPLETE BELOW:

Manger(s) information:

(1) Manger's Name: _____

Street Address: _____

City, State, Zip Code: _____

(2) Manger's Name: _____

Street Address: _____

City, State, Zip Code: _____

(3) Manger's Name: _____

Street Address: _____

City, State, Zip Code: _____

STATE FILING FEE ATTACHMENT

The fees below reflect the total amount of State Filing fees, Courier Fees & Expedited State filing fees 0(if applicable).

The total for you LLC Package will be our PCF fees (\$125) + State Fees.

AL Alabama	\$95	LA Louisiana	\$105	OH Ohio	\$225
AK Alaska	\$400	ME Maine	\$125	OK Oklahoma	\$100
AZ Arizona	\$85	MD Maryland	\$150	OR Oregon	\$55
AR Arkansas	\$45	MA Massachusetts	\$520	PA Pennsylvania	\$195
CA California	\$115	MI Michigan	\$50	RI Rhode Island	\$150
CO Colorado	\$100	MN Minnesota	\$155	SC South Carolina	\$110
CT Connecticut	\$85	MS Mississippi	\$50	SD South Dakota	\$125
DE Delaware	\$140	MO Missouri	\$105	TN Tennessee	\$300
FL Florida	\$125	MT Montana	\$90	TX Texas	\$200
GA Georgia	\$200	NE Nebraska	\$115	UT Utah	\$127
HI Hawaii	\$100	NV Nevada	\$200	VT Vermont	\$75
ID Idaho	\$120	NH New Hampshire	CALL	VA Virginia	\$100
IL Illinois	\$500	NJ New Jersey	\$175	WA Washington	\$195
IN Indiana	\$90	NM New Mexico	CALL	WV West Virginia	\$100
IA Iowa	\$50	NY New York	\$225	WI Wisconsin	\$130
KS Kansas	\$165	NC North Carolina	\$225	WY Wyoming	\$100
KY Kentucky	\$40	ND North Dakota	\$135		

CANCELLATION POLICY

If a filing request is cancelled after payment has been taken, PCF will refund the total order amount less a \$50 processing fee. Money paid to PCF that has already been paid to the state filing fees or to suppliers is not refundable. There will be no cancellations or refunds made after filings have been delivered to the State agency.

PRIVACY POLICY

To review our Privacy Policy please visit, <http://www.getincnow.com/policy.htm>.

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