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http://www.GetIncNow.com

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

ARCH VENTURE GROUP, INC.  
A CALIFORNIA CORPORATION  
Active:: May 6, 2005

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.

SHELF CORPORATION FAX FILING FORM

**SERVICES ORDERED:** (please check)

- Shelf Corporation \$900  
(Articles of Incorporation, EIN Obtainment, CorpKit, Bylaws, RA Service)

**SHIPPING METHOD:** (AN OPTION MUST BE CHECKED)

- USPS Priority Mail \$10  
 FedEx \$25

**OPTIONAL SERVICES FOR CALIFORNIA CORPORATIONS ONLY:**

- California Business Pack (CITY BUSINESS LICENSE, EDD, BOE) \$125  
 Wells Fargo Bank Account (includes a \$100 opening deposit) \$195

**DIRECTORS INFORMATION:**

- Your corporation must have at least one Director.
- Each director must be an adult.
- A director is not required to reside within the state of incorporation

- (1) Director's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_
- (2) Director's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_
- (3) Director's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**SECTION A (EIN)**

Principal Officer Name & Title: \_\_\_\_\_  
Social Security Number of Officer Listed Above: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(used for IRS verification)  
Number of Employees in 1<sup>st</sup> 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.** (    ) \_\_\_\_\_

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**Section C (Bylaws & Organizational Minutes)**

Names of Officers: [all positions may be held by the same person]  
President: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Treasurer: \_\_\_\_\_

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SHELF CORPORATION FAX FILING FORM

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: \_\_\_\_\_ %

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