

INITIAL LIST OF MANAGERS OR MEMBERS AND RESIDENT AGENT OF

FILE NUMBER _____

(Name of Limited-Liability Company)

A _____ LIMITED-LIABILITY COMPANY FOR THE FILING PERIOD _____ TO _____
(State of Formation)

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Office Use Only

Important: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A **manager, or if none, a member of the company** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$165.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following organization date.
4. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business. If you need a receipt, return page 2 certificate and **ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE**. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.

FILING FEE: \$165.00 LATE PENALTY: \$50.00
THIS FORM MUST BE FILED BY THE 1ST DAY OF THE 2ND MONTH FOLLOWING INCORPORATION DATE

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER		
PO BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER		
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NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
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NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER		
PO BOX	STREET ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of Manager or Member

Date