

(PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF

FILE NUMBER

(Name of Corporation)

(Incorporation Date)

A _____ CORPORATION
(State of Incorporation)

FOR THE FILING PERIOD _____ TO _____

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

[Empty box for resident agent information]

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 officers and directors. A **president, secretary, treasurer and at least one director** must be named.
2. Have an officer sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
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 incorporation date.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. 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	TITLE(S)			
	PRESIDENT			
PO BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
	SECRETARY			
PO BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
	TREASURER			
PO BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
	DIRECTOR			
PO BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
	DIRECTOR			
PO BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
	DIRECTOR			
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 officer

Title(s)

Date