

ELIZABETH A. IVEY
RHONDA M. FOSBINDER
JAMES H. FOSBINDER

2233 VINEYARD STREET, SUITE C
WAILUKU, HI 96793
TEL: 808-242-4956
FAX: 808-249-0668

TO:

DATE:

INFORMATION NEEDED FOR SETUP OF LLC

1. Full name desired (must have “LLC” or “Limited Liability Corporation” in name – names not guaranteed, state records search will be conducted):

2. List of members:
- for each member - what percent interest
- managing member?
- initial monetary contribution

Name: _____ % _____ \$ _____ Mgr.? _____

Name: _____ % _____ \$ _____ Mgr.? _____

Name: _____ % _____ \$ _____ Mgr.? _____

Name: _____ % _____ \$ _____ Mgr.? _____

3. a) Initial address, phone and e-mail for LLC:

b) Number of Establishments to start? _____

c) Any employees to start? Yes / no ; _____ number of employees

4. Name of agent for service of process and address (can be a member of LLC):

5. Name of each organizer of LLC:

6. a) Duration of LLC (time limit or at will?):

At Will (i.e., until dissolved) _____

Limited Time = _____ months/years, until _____

b) Calendar year accounting? yes / no

c) Cash or accrual accounting? _____

7. Manager-Managed or Member-Managed? If Manager-Managed, non-managing members do NOT assist with management of business. Managers may be subject to self-employment tax due to this designation. If Member-Managed, all members share in management, although duties may be allocated.

Name(s) of initial manager(s) if OTHER than "All Members":

8. Purpose of LLC (i.e., all type(s) of business being engaged in by LLC):

9. Taxed as sole proprietorship, partnership, S-Corporation, or C-Corporation?

(*consultation with a CPA is required in making this decision)

10. Member Information:

Name: _____

Address: _____

Phone: _____

Fax: _____

SS#: _____

Prior FEIN: _____ (if any; please provide number
and name of entity holding the tax identification number)

Name: _____

Address: _____

Phone: _____

Fax: _____

SS#: _____

Prior FEIN: _____ (if any; please provide number
and name of entity holding the tax identification number)

Name: _____

Address: _____

Phone: _____

Fax: _____

SS#: _____

Prior FEIN: _____ (if any; please provide number
and name of entity holding the tax identification number)

Name: _____

Address: _____

Phone: _____

Fax: _____

SS#: _____

Prior FEIN: _____ (if any; please provide number
and name of entity holding the tax identification number)

11. Is this a merger of businesses, a purchase of an existing business, or a conversion from one type of business/entity to another?

No _____

Yes _____; if yes, please explain, and give name of prior business:

12. Are there any pre-existing contracts, assets, equipment, or leases being transferred or assigned to the new LLC? If yes, please explain, and identify all such items in detail.

13. Check-mark any item(s) that apply to your situation:

- | | |
|----------------------------------|---------------------------------------|
| _____ non-profit organization | _____ dealing in liquid fuels or like |
| _____ tax-exempt | _____ motor vehicle rentals or tours |
| _____ transient accommodations | _____ liquor dealer |
| _____ sale of tobacco/cigarettes | _____ owner with disability |
| _____ not Hawaii-based | _____ other |

Please explain: _____

14. Other:

*I HAVE CONSULTED WITH A CPA AS TO THE APPROPRIATE TAX STATUS FOR MY LLC, AND REQUEST THAT MY ATTORNEY ESTABLISH MY LLC IN ACCORDANCE WITH MY WISHES AS SET FORTH HEREINABOVE, PURSUANT TO SUCH CONSULTATION. I UNDERSTAND THAT MY ATTORNEY MAY GIVE GENERAL ADVICE ABOUT THE TYPES OF ENTITY TAXATION AND THE PROS & CONS OF EACH, BUT THAT MY ATTORNEY MAKES NO CLAIM TO BE AN EXPERT IN TAX LAW.

DATED: _____

Name: