

United States Business Regulations Department

Mandatory Beneficial Ownership Reporting

▶ Read Instructions Below Carefully and Return Completed Form



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PURSUANT TO THE UNITED STATES CORPORATE TRANSPARENCY ACT, ENACTED BY CONGRESS. US Businesses are required to report their beneficial ownership information. A reporting company is any corporation, limited liability company, or any other entitles created by the filling of a document with a secretary of state or any similar office in the United States.

A beneficial owner is an individual who either directly or indirectly: (1) exercises substantial control over the reporting company (President, CEO, COO, CFO, etc.), or (2) owns or controls at least 25% of the reporting company's ownership interests.

EXEMPT ENTITIES: Inactive Entity, Dissolved Entity, 501(c)3 Non Profit.

PENALTIES FOR NON COMPLIANCE:

Companies who willfully provide false information or neglect to report by the filing deadline can face a civil penalties of up to \$500 for each day that the violation continues or has not been remedied. In addition, they can be fined up to \$10,000 and/or face up to 2 years of imprisonment.

	Reporting Entity		Employment Identification Number (Elf						
Type or Print	Submitter Full Name		Title (Select One) Owner Officer Paid Pre						
Fille	Submitter Phone Number		-						
Part I	Beneficial Owners					*************			
Beneficial	Owner Number 1 - First Name	Middle	initiai	Last Na	me	*			
Address	· ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Unit, S	Sulte, Room	, Etc.		
City			State	2	Ip Code		-		
Beneficial	Owner Number 2 - First Name (if None Leave Bl	ank) Middie	e initial	Last Na	пе <u>.</u>				
Address	,				Unit, S	Buite, Room	, Etc.	,	
City			State	Z	ip Code				
Beneficial	Owner Number 3 - First Name (If None Leave Bl	ank). Widdi	initiai	"Lust Na	il)&		. 4.		
Address					Unit, 8	Sulte, Room	, Etc.		
Oity			State	Z	ip Code				
Beneficial	Owner Number 4 - First Name (If None Leave Bi	enk) Middle	initlal	Last Na	me				
Address 					Unit, S	Sulte, Room	, Etc.		
City			State	Z	ip Code				
Part II	Signature and Payment		*	· · · · · ·					
Sumbitter			D	ate (MM/C	D/YYYY	")	ra line	\$174	
Under penalti complete. De	MACE CHECK OF MONEY OF OR PAYABLE les of perjury, I declare that I have examined this form, and claration of preparer is based on all information of which mation may lead to tines, sanctions or criminal action. Ve susiness Regulations Department to act as your paid pro	to the best of preparer has crify all informa	my Knowl any Knowl ation. You	eage ana r edge. Knov esionature	ellet, it is dingly pro- ls vour a	itue, correct ovidina másic	, and	ntenalus polys. Prijeski sijesti Prijeski sijesti	