



Katrina N. Hofstetter

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Personal Information

Name:

Address, City, State, ZIP, County:

Home Phone:

Cell Phone:

Email:

Existing Business Information

Business Name:

Address, City, State, ZIP:

Phone:

EIN:

Entity type:

Formation date:

Resident Agent:

Address:

City, State, ZIP:

Home Phone:

Email:

Existing Business Owner Information

Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:

New Business Information

1. What is the purpose or nature of your business? _____

2. What would you like to name your business? _____
 (Often the name you would like to choose is already taken.
 Please list a few name options or variations for us to explore
 together.) _____

3. Who will be involved in the business?
 (Please include anyone who will be a member/shareholder/partner.)

Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:
Member/Shareholder/Partner Name:	Member/Shareholder/Partner Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone: