

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested				
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name			
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)			
	6 County and state where principal business is located				
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN			
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶				
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____					
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
10 Reason for applying (check only one box)					
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year				
13 Highest number of employees expected in the next 12 months (enter -0- if none).	14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural</td> <td style="width:33%; text-align:center;">Household</td> <td style="width:33%; text-align:center;">Other</td> </tr> </table>			Agricultural	Household	Other
Agricultural	Household	Other			
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify)					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," write previous EIN here ▶ _____					
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name	Designee's telephone number (include area code) ()			
	Address and ZIP code	Designee's fax number (include area code) ()			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()			
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()			
Signature ▶	Date ▶				

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1-18 (as applicable).
Purchased a going business ³	Does not already have an EIN	Complete lines 1-18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1-18 (as applicable).
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a-5b, 9a, 10, and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸	Complete lines 1-18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	Complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



Application for Louisiana Revenue Account Number

P.O. Box 201
Baton Rouge, LA 70821-0201
(225) 219-7318

For office use only.

Empty box for office use only.

Date of application

1. A. Sales/ Use

- Louisiana General Sales Tax
Statewide Hotel/Motel
Jefferson Parish Hotel/Motel
Orleans Parish Hotel/Motel
Orleans Parish Restaurant
N.O. Airport Food Establishments
Motor Vehicle Lessors/Rentors

B. Withholding

- Vehicle Rental Excise
Severance
Oil and Gas Classification
Taxpayer Only
Producer Only
Producer/Taxpayer

F. Other

2. Reason for applying

- Started new business
Purchased ongoing business: Name of previous owner
Other (specify)

3. Indicate the account number you use for each tax filed with the Louisiana Department of Revenue.

Grids for LA Corp. Tax Number, LA Sales Tax Number, LA Excise Taxes Number, LA Withholding Tax Number, LA Severance Tax Number, LA Natural Resource Number.

4. A. Legal name(s)

B. Trade name of business Telephone

5. A. Business location address (NO P.O. Box or General Delivery)

B. City and state C. ZIP

6. A. Address for receiving tax forms and correspondence (If same location, write "same".)

B. City and State C. ZIP D. Telephone E. Additional mailing address(es) attached

7. Type of organization: A. Individual B. Partnership C. Corporation D. Governmental E. Nonprofit F. Other

8. U.S. NAICS Code (required)

9. Federal Employer ID Number None

10. If sole owner (individual): Name SSN Home address Telephone

Table for 11. If corporation or partnership: name, title, Social Security Number, home address, and telephone number of officers or partners.

12. A. Louisiana Charter Number (if known) B. State of incorporation (if not Louisiana)

13. Permits -Sellers of liquor, beer, or wine (wholesale or retail), must obtain a permit from the Office of Alcohol and Tobacco Control. A permit from the Louisiana State Police Gaming Division must be obtained by sellers of lottery tickets or operators of video poker games. Indicate permit number(s) that you currently hold.

A. Lottery Permit Number B. Expiration Month/Year
Alcohol Permit Number Expiration Month/Year
VPG Permit Number Expiration Month/Year

Table for 14-18. Corporation Income/Franchise, Sales or Use Tax, Withholding Tax, Severance Tax, Description of business.

I affirm that the information given on this application is true and correct.

Signature of applicant, Title, Signature of preparer, Date (mm/dd/yyyy)



For Office Use Only
Account Number

CITY OF BATON ROUGE
PARISH OF EAST BATON ROUGE
P.O. BOX 2590
BATON ROUGE, LA 70821
PHONE: (225) 389-3084
FAX: (225) 389-5369
Email: FINANCE@BRGOV.COM
Revised 05/28/2008

For Office Use Only
Application Number

Louisiana Tax Number _____
 Federal ID Number _____
 Description of Business _____
 NAIC Number _____ (See List of Business Classes)

LEGAL NAME OF BUSINESS _____
TRADE NAME OF BUSINESS _____
PHYSICAL LOCATION
 (NOT a P.O. Box) _____

Business Telephone No. (____) _____
MAILING ADDRESS _____

APPLICATION FOR:	DATE IN BUSINESS: ____/____/____	BUSINESS LOCATION:
<input type="checkbox"/> Sales Tax Registration		<input type="checkbox"/> City Limits of Baton Rouge
<input type="checkbox"/> Occupational License Tax		<input type="checkbox"/> Unincorporated Parish of EBR
<input type="checkbox"/> Hotel Motel Tax		<input type="checkbox"/> City Limits of Baker
<input type="checkbox"/> Insurance Premium Tax		<input type="checkbox"/> City Limits of Central
<input type="checkbox"/> Gross Receipts Tax		<input type="checkbox"/> City Limits of Zachary
<input type="checkbox"/> Other _____		<input type="checkbox"/> Business Located Outside of EBR
REASON FOR APPLYING:		
<input type="checkbox"/> New Business		
<input type="checkbox"/> Purchased Existing Business?	Previous Owner: _____	
<input type="checkbox"/> Merger	Trade Name of Previous Owner/Business: _____	
<input type="checkbox"/> Additional Information	Previous Account Number: _____	
<input type="checkbox"/> Change		
<input type="checkbox"/> Other		

FOR OCCUPATIONAL LICENSE ONLY

Business opened on or prior to June 30 of current year (Minimum Payment)	\$50 due
Business opened on or after July 1 of current year (Minimum Payment)	\$25 due
Flat Fee Business	\$100 / \$200 / \$250
Hotel / Nursing Home / Rooms _____ (# of rooms) x \$2 per room =	\$ _____
Security Deposit Due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Due \$ _____

FOR OFFICE USE ONLY

ABC Account
Clearance Issued

If business opened more than 30 days ago:

Tax Due for First Year of Business

Enter Gross Receipts (1 st 30 days in business)	\$ _____
Less Allowable Deductions (See List below Tax Tables on attached sheet)	\$ _____
Tax Basis (Total Gross Receipts less Total Deductions)	\$ _____
Multiply Tax Basis by # of months in business (Any month open at least 15 days)	\$ _____
Tax Due (Based on Tax Table attached)	\$ _____
Penalty	\$ _____
Interest	\$ _____
Total Due	\$ _____



CONTACT PERSON: _____ Contact Phone: _____
 Contact Fax: _____ Contact E-mail: _____

TYPE OF ORGANIZATION (Ownership) – Please attach a copy of your charter
 _____ Individual _____ Partnership _____ Corporation _____ LLC _____ LLP _____ Non-Profit _____ Governmental _____ Other

IF an Individual: Owner's Name _____
(Attach valid photo ID) Owner's Address _____

Owner's SS# _____
 E-mail Address _____

IF a Corporation, LLC, LLP, or Partnership: Officer / Manager / Partners Name _____
(Attach additional names if necessary) Title _____
 Home Address _____

Telephone Number _____
 Web Site _____

Agent for Service of Process: Name _____
 Address _____

This will affirm that the statements made herein are true and correct to the best of my knowledge:

Signature of Applicant or Owner _____ Title _____

Signature of Preparer _____ Date _____

Please make checks payable to Parish and City Treasurer

FOR OFFICE USE ONLY

LOCATION/DOMICILE (Circle One)			FILING FREQUENCY			ACCOUNT TYPE (Circle One)		
0001	City of Baton Rouge / EBR Sch Bd	A	M	Monthly	1520	Retail Mdse/Service/Rental/Etc.		
0002	EBR Parish / EBR Sch Bd	B	Q	Quarterly	1521	Airline		
0003	City of Baker / Baker Sch Bd	D	O	One Time Sale	1522	Travel Agency		
0004	City of Zachary / Zachary Sch Bd	F	X	Irregular Filer	1523	Nursing Home		
0005	EBR Parish / Zachary Sch Bd	C	L	Annual (License Only)	1525	Retail Dealer		
0006	City of Baker / EBR Sch Bd	E			1530	Retail Dealers In Motor Fuels		
0007	City of Central / Central Sch Bd	G			1540	Pawn Broker		
0008	EBR Parish / Central Sch Bd	H			1601	Retail Dealer – Institutional Consumers		
0009	Outside EBR Parish				1610	Wholesale Dealer		
0010	Outside Louisiana				1611	Bulk Petro		
		CLASS (Circle One)			1612	Wholesale – Motor Vehicle		
		0100		Public Utility Only	1622	Building Materials		
		0101		Public Utility / OLT	1710	Finance		
		0102		Public Utility / STX	1820	Commissioned Services		
		0103		Public Utility / STX / OLT	1822	Real Estate Broker		
GROUP (Circle One)		0200		IPT	2010	Investment Banking		
0000	Not Assigned	0201		IPT / STX	2020	Itinerant Vendor (Agricultural & Seafood)		
0001	Mall of Louisiana	0300		HM / Rms	2021	Itinerant Vendor (Parades & Food Vendor)		
0002	Cortana Mall	0301		HM / Rms / STX	2022	Promoter		
0003	Major Chemical & Manuf	0302		HM / Rms / STX / OLT	2023	Rolling Vendor		
0004	Hammond Aire	0303		HM / Rms / STX / OLT / ABC	2060	Special Events		
0005	Downtown Development	0304		HM	2070	Museum for Profit / Transient		
		0305		HM / STX	2090	Professional		
CATEGORY (Circle One)		0400		Nursing Home / Rms	2640	Retail Autos		
0900	Walk-in Registration	0401		Nursing Home / Rms / STX	2710	Contractor		
0901	Mail-in Registration	0500		Amusement Only	6000	Insurance Company		
0902	Electronic Registration	0501		Amusement / STX	7001	Public Utilities-Gross Receipts		
0903	Issue to Post	0502		Amusement / STX / OLT	9999	No Occupational License		
0904	Revenue Inspector	0503		Amusement / STX / OLT / ABC				
0905	Audit Registration	0600		STX Only				
0906	File Conversion	0601		STX / OLT				
		0602		STX / OLT / ABC				
		0700		OLT Only				

Account Set Up By: _____

Payment Received By: _____

PLEASE CHOOSE A BUSINESS CATEGORY THAT BEST DESCRIBES YOUR BUSINESS ACTIVITY

NAIC	CATEGORY DESCRIPTION	DETAIL DESCRIPTION
111000	Agriculture, Forestry, Fishing	Crop Production
112000	Agriculture, Forestry, Fishing	Animal Production
211000	Mining	Oil & Gas Production
212000	Mining	Mining (Except Oil & Gas)
236000	Construction	Construction of Buildings
237000	Construction	Heavy & Civil Engineering Construction
238000	Construction	Specialty Trade Contractors
311000	Manufacturing	Food Manufacturing
312000	Manufacturing	Beverage & Tobacco Product Manufacturing
314000	Manufacturing	Textile Product Mills
322000	Manufacturing	Paper Manufacturing
324000	Manufacturing	Petroleum & Coal Products Manufacturing
325000	Manufacturing	Chemical Manufacturing
326000	Manufacturing	Plastics & Rubber Product Manufacturing
339000	Manufacturing	Miscellaneous Manufacturing
423000	Wholesale Trade	Merchant Wholesalers, Durable Goods
424000	Wholesale Trade	Merchant Wholesalers, Nondurable Goods
441000	Retail Trade	Motor Vehicle & Parts Dealer
442000	Retail Trade	Furniture & Home Furnishing Stores
443000	Retail Trade	Electronic & Appliance Stores
444000	Retail Trade	Building Material & Garden Equip/Supplies
445000	Retail Trade	Food & Beverage
446000	Retail Trade	Health & Personal Care Stores
447000	Retail Trade	Gasoline Stations
448000	Retail Trade	Clothing & Clothing Accessories Stores
451000	Retail Trade	Sporting Goods, Hobby, Book/Music Stores
453000	Retail Trade	Miscellaneous Store Retailers
454000	Retail Trade	Nonstore Retailers
482000	Transportation & Warehouse	Rail Transportation
484000	Transportation & Warehouse	Truck Transportation
485000	Transportation & Warehouse	Transit & Ground Passenger Transportation
493000	Transportation & Warehouse	Warehousing & Storage
512000	Information	Motion Picture & Sound Recording Industries
515000	Information	Broadcasting (except internet)
517000	Information	Telecommunications, Internet Service Providers
518000	Information	Portals & Data Processing Services
521000	Finance & Insurance	Monetary Authorities
524000	Finance & Insurance	Insurance Carriers & Related Activities
531000	Finance & Insurance	Real Estate
532000	Finance & Insurance	Rental & Leasing Services
541000	Professional, Scientific & Technology	Professional, Scientific & Technology
551000	Management of Companies	Management of Companies & Enterprises
611000	Educational Services	Educational Services
621000	Health Care & Social Assistance	Ambulatory Health Care Services
622000	Health Care & Social Assistance	Hospitals
623000	Health Care & Social Assistance	Nursing & Residential Care Facilities
711000	Arts, Entertainment & Recreation	Performing Arts, Spectator Sports & Related Industries
712000	Arts, Entertainment & Recreation	Museums, Historical Sites, & Similar Institutions
713000	Arts, Entertainment & Recreation	Amusement, Gambling & Recreation Industries
721000	Accommodation & Food Service	Accommodation
722000	Accommodation & Food Service	Food Services & Drinking Places
811000	Other Services	Repair & Maintenance
812000	Other Services	Personal & Laundry Services
813000	Other Services	Religious, Grantmaking, Civic, Professional & Similar Services
815000	Other Services	Miscellaneous Other Services

Jay Dardenne
Secretary of State



ARTICLES OF INCORPORATION

(R.S. 12:24)

Domestic Business Corporation
Enclose \$60.00 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.louisiana.gov

STATE OF _____

PARISH/COUNTY OF _____

1. The name of this corporation is: _____

2. This corporation is formed for the purpose of : (check one)

Engaging in any lawful activity for which corporations may be formed.

(use for limiting corporate activity)

3. The duration of this corporation is: (may be perpetual) _____

4. The aggregate number of shares which the corporation shall have authority to issue is : _____

5. The shares shall consist of one class only and the par value of each share is _____
(shares may be without par value) per share.

6. The full name and post office address of each incorporator is : _____

7. Other provisions: _____

8. The corporation's federal tax identification number is: _____

Incorporator(s) Signature: _____

On this _____ day of _____, 200__, before me, personally appeared _____

_____, to me known to be the person described in and who executed the

foregoing instrument, and acknowledged that he executed it as his free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

INSTRUCTIONS

NOTE:

A corporation is a complex form of business structure. This form contains only the minimum provisions required by law to be set forth in Articles of Incorporation. Additional provisions may be advisable or necessary, depending on the specific needs of each corporation. Consideration should be given to the advantages and disadvantages of incorporating, and the legal and tax consequences. You are strongly advised to seek legal advice from an attorney and tax and other business advice from an accountant.

1. File the Articles of Incorporation, and the Domestic Corporation Initial Report (form 341) which contains an agent affidavit and the requisite \$60 filing fee with the Secretary of State's office.
2. The Articles of Incorporation and the Initial Report may be delivered to the Secretary of State's office in advance, for filing as of any specified date (and any given time on such date) within thirty days after the date of delivery. Requests should be made in writing and must be submitted along with the Articles of Incorporation and the Initial Report.
3. The Articles of Incorporation cannot be accepted for filing unless an Initial Report form (341) is also filed. Upon filing with our office, you will receive a certified copy of the Articles and a Certificate of Incorporation. Within thirty (30) days after filing the Articles of Incorporation with the Secretary of State's office, a multiple original of the Articles and the Initial Report (or a copy of each certified by the Secretary of State), and a copy of the Certificate of Incorporation must be filed with the office of the recorder of mortgages in the parish where the corporation's registered office is located.
4. Please call the Internal Revenue Service at (901) 546-3920 for information to obtain a corporation's federal tax identification number prior to incorporation.
5. If the Articles of Incorporation are filed within five (5) working days (exclusive of legal holidays) after acknowledgement, the corporate existence shall begin as of the time of such acknowledgement.

Jay Dardenne
Secretary of State



DOMESTIC BUSINESS CORPORATION INITIAL REPORT
(R.S. 12:25 AND 12:101)

1. The name of this corporation is: _____
2. The location and municipal address (not a P.O. Box only) of this corporation's registered office:

3. The full name and municipal address (not a P. O. Box only) of each of this corporation's registered agent(s) is/are:

4. The names and municipal address (not a P.O. Box only) of the first directors are:

Incorporator(s) signature(s)

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named corporation.

Registered agent(s) signature(s):

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

INSTRUCTIONS

1. An Initial Report must be completed and filed with the Articles of Incorporation of a Domestic Business Corporation.
2. If no directors have been selected when the Initial Report and Articles of Incorporation are filed, a Supplemental Report, setting forth their names and addresses must be filed in accordance with R.S. 12:25.
3. The Affidavit of Acknowledgement and Acceptance contained on the bottom of this form must be signed by each registered agent before a notary public.

NOTE: Upon filing the Articles of Incorporation and Initial Report with our office, you will receive certified copies of both documents and a Certificate of Incorporation. Within thirty (30) days after filing with the Secretary of State's office, a multiple original of the Articles and the Initial Report (or a copy of each certified by the Secretary of State), and a copy of the Certificate of Incorporation must be filed with the office of the recorder of mortgages of the parish where the corporation's registered office is located.