

REFERRED BY:

CHECKLIST FOR LLC

Client's Name (First, Last):	Designated Address:	
City:	State: Zip:	
Primary Phone: Home Cell	Secondary Phone: Home Cell	
Name of LLC (Three choices in order of proference):		
Name of LLC (Three choices in order of preference):		
	¹ Name of Registered Agent (Person receiving official notifications	
What Does This Company Do?	¹ Name of Registered Agent (Person receiving official notifications	
	¹ Name of Registered Agent (Person receiving official notifications City:	
What Does This Company Do?		
What Does This Company Do?		

Managing Member Non-Managing Member	*If more than 2 Members, please contact the office to receive an additional member information sheet.				
Client's Name (First, Last):	SSN:	% of Ownership:			
Address:	City:	State: Zip:			
Email:					
Managing Member Non-Managing Member					
Client's Name (First, Last):	SSN:	% of Ownership:			
Address:	City:	State: Zip:			
Email:					



1049 South Orem Blvd. Orem, UT 84058 801-221-4700 801-221-2588 (fax) 1680 West Hwy 40, Suite #102 Vernal, UT 84078 435-789-0691 435-789-0641 (fax)



PART 3: PAYMENT INFORMATION	FEE(S) & OTHER ADDITIONS					
Credit Card #: Expiration Date: Name on Card: Security Code: Address on Card:	LLC Organization:\$350.00State Filing Fee: *UT\$72.00S-Corp Election:\$25.00Postage to Mail Binder:\$15.00* For any other state, the state filing fee varies from state to state.					
City: State:	Zip Code:					
Please bill my credit card for the items checked: LLC Organization S-Corp Election: Form 2553 Filing Fees Postage Total to be Billed: \$						

Signature	Print Name	Date
¹ If you want MainStreet to be the Registered Agent, the		



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