

Teton Agents, LLC

Business Entity Information Questionnaire

The Wyoming Secretary of State requires that Teton Agents, LLC, as your Wyoming Registered Agent, keep the following information concerning your business entity on file and be able to produce that information upon demand. **It is critical that this information be updated within sixty (60) days of any change.** If you have more than one business entity, please complete a questionnaire for each business entity. Please contact Teton Agents, LLC at (physical address) 505 S 3rd, Suite 200, Laramie, WY 82070, (mailing address) PO Box 905, Laramie, WY 82073, (844) 955-0554, or via email to **info@tetonagents.com**, if there are any changes to your information.

NAME OF ENTITY		
<p>1. ADDRESS FOR DELIVERY OF LEGAL PROCESS AND LEGAL MATTERS <i>(A physical address is required for receipt of Service of Process. Post Office boxes are <u>not</u> acceptable.)</i></p> <p>This should be the address of the manager or contact person, NOT the attorney or organizer's address.</p>	NAME	
	TITLE	
	STREET ADDRESS	
	CITY	STATE ZIP
	TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
	EMAIL ADDRESS	
<p>2. MAILING ADDRESS FOR RENEWAL INVOICE AND OTHER COMMUNICATIONS</p> <p>Check here if same as number 1 above: <input type="checkbox"/></p>	NAME	
	TITLE	
	STREET ADDRESS OR POST OFFICE BOX	
	CITY	STATE ZIP
	TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
	EMAIL ADDRESS	
<p>3. NAME, BUSINESS ADDRESS, AND BUSINESS TELEPHONE NUMBER OF A NATURAL PERSON WHO IS AN OFFICER, DIRECTOR, EMPLOYEE OR DESIGNATED AGENT AUTHORIZED TO BE THE COMMUNICATIONS CONTACT PERSON FOR THE BUSINESS ENTITY</p> <p>Check here if same as number 1 above: <input type="checkbox"/></p>	NAME	
	TITLE	
	BUSINESS STREET ADDRESS OR POST OFFICE BOX	
	CITY	STATE ZIP
	BUSINESS TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
	EMAIL ADDRESS	
<p>4. ATTORNEY OR ORGANIZER <i>(The attorney or individual who organized your business entity.)</i></p> <p>Check here if same as number 1 above: <input type="checkbox"/></p>	NAME	
	TITLE	
	STREET ADDRESS	
	CITY	STATE ZIP
	TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
	EMAIL ADDRESS	

The Wyoming Secretary of State requires that contact information for ***all*** managers of an LLC (or directors of corporations, or managing partners of partnerships) have their information held either by the Office of the Secretary of State or by the Registered Agent of the business entity. Teton Agents, LLC is taking on the responsibility to maintain this information for you, rather than requiring you to give this information to the Secretary of State. This requirement is to better serve you and to allow us to immediately contact you in the event a lawsuit is filed against you.

- 5. NAME AND CONTACT INFORMATION FOR:**
- A. ALL MANAGERS IF YOU HAVE A LIMITED LIABILITY COMPANY (LLC).**
 - B. ALL OFFICERS AND DIRECTORS IF YOU HAVE A CORPORATION.**
 - C. ALL MANAGING PARTNERS IF YOU HAVE A LIMITED PARTNERSHIP.**
 - D. ALL TRUSTEES IF YOU HAVE A TRUST.**

(Please complete the section to the right for any individual serving in a capacity listed above. Use additional sheets if necessary.)

NAME		
TITLE		
STREET ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
EMAIL ADDRESS		
NAME		
TITLE		
STREET ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
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CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
EMAIL ADDRESS		
NAME		
TITLE		
STREET ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	
EMAIL ADDRESS		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF AUTHORIZED INDIVIDUAL: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____