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INITIAL RECORD SERVICE QUESTIONNAIRE

(For Use by B.O.S.S. Clients)

****** Once completed, please fax to the CAP department
@ 702-851-5043.***

Last Name: _____

First Name: _____

Client Address: _____

Home Phone: _____ Fax: _____

Work/Cell Phone: _____ E-Mail Address: _____

Name of Corporation (Please state corporation name exactly as filed with Nevada Secretary of State):

Date of Formation: ____/____/____

Name of Limited Partnership (L.P.) or Limited Liability Company (LLC) **if** the corporation is going to be the manager or general partner:

L.P. or LLC's Date of Formation: ____/____/____

Section one

a. INFORMATION FOR SPECIAL SHAREHOLDERS MEETING

Meeting Date (Month, Day & Year): ____/____/____

Time (Include A.M. or P.M.): _____

Location (Complete Address): _____

b. SHAREHOLDERS MEETING CONTINUED

Shareholder:

1. _____
2. _____

Write the Name(s) of Individuals Elected as Chairman and Secretary of this Meeting:

Chairman

Secretary

Newly Elected Directors:

1. _____
2. _____
3. _____
4. _____

Section two

a. INFORMATION FOR SPECIAL DIRECTORS MEETING

Meeting Date (Month, Day & Year): ____/____/____

Time (Include A.M. or P.M.): _____

Location (complete address): _____

List the Names of the Director(s) present:

1. _____
2. _____
3. _____
4. _____

SPECIAL DIRECTORS MEETING CONTINUED

Newly Appointed Officers:

_____ President (Required)

_____ Vice President (Optional)

_____ Secretary (Required)

_____ Treasurer (Required)

Write the Name(s) of Individuals Elected as Chairman and Secretary of this Meeting:

_____ Chairman

_____ Secretary

b. Resolutions:

Please Check the name and Address of your Corporate Bank Account:

Wells Fargo Desert Community Bank Other _____

Please indicate who will be authorized to sign on your Bank Account:

Is your corporation going to have a Brokerage Account? Yes or No

If yes, please specify who will be authorized to Trade on the Brokerage Account?

If there are any other resolutions that you want to pass at this time please specify?

Travel/Entertainment Reimbursement Resolution	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Medical/Dental/Vision Benefits Plan Resolution	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
L.P./LLC Bank Account Resolution	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
L.P./LLC Brokerage Account Resolution	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No
Purchase and or Sale of Real Estate Resolution	<input type="checkbox"/>	Yes	or	<input type="checkbox"/>	No

Please State Any Other Resolution You Would Like to Pass at this Time:

