




Easy-Questionnaire™ **INCORPORATION** Estimated Time To Complete: 15 Minutes


**JUST 3 EASY STEPS™**

**Step 1: FILL IT OUT**




Complete this Easy-Questionnaire™ at your convenience. If you need help filling it out, please call our Help Line.

**Step 2: FAX IT IN**



Return this Easy-Questionnaire™ to the agent, pay for the service, and have it faxed to our Data Center.

**Step 3: AND FILE IT**



Then, in just 3 - 5 business days, you receive your completed documents via mail with Easy Filing Instructions.

**IT'S REALLY THAT EASY**

**HELP LINE**

If you have any questions regarding this Easy-Questionnaire, please feel free to Call 800-895-1580 EXT 500.

Mon-Fri 9:00 AM – 9:00 PM PST  
Sat 9:00 AM – 3:00 PM PST

**MONEY BACK GUARANTEE**

We also offer you a Money Back Guarantee that our documents will be accepted by the Courts and/or Agencies they are to be filed with, if not and it is our fault, we will make any changes or provide any additional documents requested by the Courts at no additional costs to you. If we are unable to provide the additional documents or make the proper changes, we will fully refund you the full price of our service.

**FAX YOUR COMPLETED QUESTIONNAIRE TO: 1-866-378-5285**

**CONFIRMATION CODE:** The Confirmation Code is the Number that is on your Receipt given to you by the Agent when you pay for the Service. You can complete your Questionnaire at your convenience, and then go back to the Agent to pay for the Services. **PLEASE ENTER YOUR CONFIRMATION CODE IN THE BOX BELOW.**

CONFIRMATION CODE - *REQUIRED TO PROCESS THIS QUESTIONNAIRE													
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**DISCLAIMER:** We are not a law firm, and the Agents and employees of My Complete Case are not acting as your attorney or providing you with any legal advice. We do not practice law. We offer Document Preparation Assistance Services that includes a review of your document and answers for accuracy based on the information you are providing in this Questionnaire. You are exercising your Constitutional Rights to represent yourself in all matters that you execute utilizing our services.

**SIGNATURE REQUIRED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ To confirm we've received your Easy-Questionnaire.

<b>OVER 10,000 DOCUMENTS PREPARED</b>	<b>OUR MISSION</b>
Our Staff of Professional Document Preparers have over 20 years of experience, and have prepared over 10,000 legal documents.	To provide Professional Prepared High Quality Low Cost Legal Document Preparation Services to those who do not want to over pay for these services.

The following describes the information that goes under each section on your Questionnaire.	
<b>SECTION 330 PERSON OR FIRM</b>	The main contact's information should be put in this section. (CEO, Founder, President, or some other major shareholder.)
<b>SECTION 331 COMPANY NAME</b>	The name you want for your company goes in this section.
<b>SECTION 332 ADDRESS OF BUSINESS</b>	The address of your corporate headquarters or main office.
<b>SECTION 333 STOCK STRUCTURE</b>	Explain in as much detail as possible, your stock structure.
<b>SECTION 334 CORPORATE PURPOSE</b>	Briefly describe the operations of the business.
<b>SECTION 335 DIRECTOR'S INFORMATION</b>	Contact and basic information about your company's director.

<b>SECTION 330 "CURRENT INFORMATION" PERSON OR FIRM</b>		
Name:		
Address: ( <b>No P.O. Boxes</b> )		
City:	State:	Zip Code:
Phone (day):		
Alternate Phone:		
Fax:	Email:	

<b>SECTION 331 "NEW CORPORATION INFORMATION"</b>	
<b>COMPANY NAME: Please list in order of preference.</b>	
First Choice Name:	
Second Choice Name:	
Third Choice Name:	

<b>SECTION 332 "CONTINUED NEW CORPORATION INFORMATION"</b>			
<b>PRINCIPLE PLACE OF BUSINESS (No P.O. Box)</b>			
Street Address:			
City:	State:	Zip Code:	Country:

<b>SECTION 333 "STOCK STRUCTURE"</b>	
<b>PLEASE LIST STOCK STRUCTURE</b>	<b>Please Choose One:</b>
Amount of Shares:	A. No Par Value:
	B. Par Value:

<b>SECTION 334 "CORPORATE PURPOSE" (Nature of business conducted)</b>	
1:	
2:	

**SECTION 335 "DIRECTOR'S INFORMATION"**

(Minimum of one director required. One person may be the director and hold all offices.)

**Name of Director 1:**

Address:

City:

State:

Zip Code:

SS#

Position Select/Circle One: **President Vice President Secretary Treasurer**

**Name of Director 2:**

Address:

City:

State:

Zip Code:

SS#

Position Select/Circle One: **President Vice President Secretary Treasurer**

**Name of Director 3:**

Address:

City:

State:

Zip Code:

SS#

Position Select/Circle One: **President Vice President Secretary Treasurer**

**Name of Director 4:**

Address:

City:

State:

Zip Code:

SS#

Position Select/Circle One: **President Vice President Secretary Treasurer**

**Notes and/or Special Instructions:**