

LIMITED LIABILITY COMPANY CERTIFICATE OF MEMBERS

Exact legal name of Company: _____

State of Formation: _____

Company's Organization ID# (if any): _____

Company's Taxpayer ID #: _____

Does the Company have more than one place of business? No Yes

Address of Company's place of business (If Company has more than one place of business, then provide Chief Executive Office):

(initial appropriate blank below)

Company has Operating Agreement and a current/complete copy is attached; or
 Company does not have Operating Agreement because it is a single-member entity;

Name(s) of all Managers (if any): _____

Name(s) of all Members	Units Owned	% of total Units Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: _____

By: _____
Manager or Authorized Member

Printed Name