

2011

**National Minority Supplier Development Council, Inc. (NMSDC) &
Grand Canyon Minority Supplier Development Council, Inc.**

Ethnic-Minority Business Enterprise (MBE) Application for Certification

Please read the application and attend the "Pre-application Certification Briefing". The purpose of the briefing is to assist applicants to better understand the certification process and requirements. In addition, the briefing answers the "frequently asked questions" and highlights the issues that will allow the applicant to complete the process timely. **Please contact our office to find out when the next "Pre-application Certification Briefing will be held.** An ADDENDUM includes explanations or definitions.

Please do not let the size of this application deter you from your primary objective. This application and the data provided is just another step towards that objective – being a certified Minority Business Enterprise (MBE). The MBE certificate creates opportunities to do business with the corporate supply chain. There is a correlation between an applicant's ability to complete the certification process and functioning in a corporate supply chain. Use this application process to gain insights into the corporate supply chain requirements and processes. If a particular question does not apply to your business operation, please write not applicable (NA) in the space provided.

Before submission, please re-read to ensure you have answered each question appropriately. Submit your application with a non-refundable processing fee (see fee scale below) made payable to GCMSDC. Please use a business checks (personal checks or personal credit cards not acceptable) or a business credit card. All of the items are evidence the business is operational. The certification package should be mailed or delivered to:

**GCMSDC Certification
Scottsdale Executive Plaza
6340 E. Thomas Road, #220
Scottsdale, Arizona 85251
Phone: 602-495-9950**

2011 Annual Certification Fees

Annual sales (revenues) less than \$1 million.....	Class 1	<input type="checkbox"/>	\$200
Annual sales (revenues) between \$1 million and \$10 million.....	Class 2	<input type="checkbox"/>	\$500
Annual sales (revenues) over \$10 million up to \$50 million.....	Class 3	<input type="checkbox"/>	\$850
Annual sales (revenues) greater than \$50 million.....	Class 4	<input type="checkbox"/>	\$1,150

Pro-rated fees: No longer will apply, full fee will cover you for a year "Certification Status" from the month you are certified (i.e.: Certified July 2011 through July 2012). Certificate will expire the last day of the month.

NOTE: If a "State chartered, artificial-legal entity", and/or a "LEGAL FICTION", please make sure the legal documents are correct and the ethnic minority has the "statutory powers" to be in ABSOLUTE CONTROL. In all legal fictions, the NMSDC requires "proportional control". This means the Member's Agreement shall expressly state that ownership interest, cash distribution, income and losses, etc. are all in proportion to capital contributions. Proportional control should be evident in all organizational documents and financial statements.

This application and all the attachments are used to document the NMSDC's certification criteria of ownership, day-to-day management/operations, and control/governance by the ethnic minority that is a US citizen. The NMSDC requires all financial statements be presented using a Generally Accepted Accounting Principles presentation protocol. Financial statements mean the firm's Balance Sheet, Profit & Loss Statement and Statement of Cash Flows. GAAP (Generally Accepted Accounting Principles) protocol shall be used for all Sole Proprietors and "LEGAL FICTIONS".

Since the State's "statutory business codes" provides only a framework, the NMSDC requires additional clarity in your governance and control documents. This clarity ensures the ethnic-minority and her/his partners (Members) acknowledge in their governance and control documents that the ethnic-minority meets the NMSDC standards of "absolute" control and governance. Thus, for some questions, the applicant is asked to provide additional data. For NMSDC MBE certifications, all agreements shall mean be in written form. If the NMSDC become aware, from any source, that the applicants have "oral" agreements among partners (Members), the firms shall be immediately – decertified with no recourse.

For additional information on the NMSDC's certification criteria, visit www.nmsdc.org.

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

DATE OF APPLICATION: _____, 20__

THE APPLICANT ("Majority-in-Interest")

1. SOLE PROPRIETOR OR LEGAL NAME OF THE FIRM (NOTE: APPLICANT shall not be a 'holding company, franchises, or joint-venture Firm) _____

2. Applicant's Fictitious Name, Assumed Name or Doing Business Name (D/B/A) name (if applicable):

3. Applicant Firm's Employer's ID Number/Federal ID Number: _____
(NOTE: A social Security number shall not acceptable. Each distinct operating business shall have a unique EIN. Thus, each EIN needs its MBE Certifications.

4. The Applicant (check appropriate box and provide the appropriate documents).

SOLE PROPRIETOR

Financial Statements (Balance Sheet, P&L and Statement of Cash Flows/GAAP Standard Presentation)

Proof of Capital Investment (documented)

Fictitious, Assumed Business or Doing Business Named Documents (if applicable)

GENERAL PARTNERSHIP

Please include:

Partnership Agreement (Management by Governing Authority)

Buy Our Rights

Profit Sharing Agreement

Financial Statements (Balance Sheet, P&L and Statement of Cash Flows/GAAP Standard Presentation)

Third-party Agreement/Management Services Agreements

Proof of Initial Capital Investment (documented)

Fictitious, Assumed Business or Doing Business Named Documents (if applicable)

SECRETARY OF STATE AUTHORIZED "LEGAL FICTION"

State of _____ authorized "LEGAL FICTION"

NOTE: The NMSDC may require more items than those required by your local Secretary of State.

LIMITED PARTNERSHIP (LP)

Please include:

- Partnership Agreement (Management by Governing Authority)
- Buy Our Rights
- Profit Sharing Agreement
- Financial Statements (Balance Sheet, P&L and Statement of Cash Flows/GAAP Standard Presentation)
- Third-party Agreement/Management Services Agreements
- Proof of Initial Capital Investment (documented)
- Secretary of State's documents if chartered in another State.
- Fictitious, Assumed Business or Doing Business Named Documents (if applicable)

Please make sure the governance document designates...

CORPORATION (CORP)

Please provide:

- Articles of Incorporation
- Certificate of Incorporation
- Attested Minutes, Consents, and Resolutions
- Bylaws (Management by Governing Authority) and Amendments
- Share Certificates and Share Ledger Book
- Financial Statements (Balance Sheet, P&L and Statement of Cash Flows/GAAP Standard Presentation)
- Third-party Agreement/Management Services Agreements
- Proof of Initial Capital Investment (documented)
- Secretary of State's documents if chartered in another State.
- Fictitious, Assumed Business or Doing Business Named Documents (if applicable)

Please make sure the governance document designates...

Limited Liability Company (LLC)/Limited Liability Partnership (LLP)

Please provide:

- Articles of Organization
- Certificate of Organization or Formation
- Attested Minutes, Consents, and Resolutions
- Operating (Company) Agreement (Management by Governing Authority) and Amendments
- Members Unit Certificates and Members Unit Ledger Book
- Agent Manager's Agreements
- Financial Statements (Balance Sheet, P&L and Statement of Cash Flows/GAAP Standard Presentation)
- Proof of Initial Capital Investment (documented)
- Secretary of State's documents if chartered in another State.
- Fictitious, Assumed Business or Doing Business Named Documents (if applicable)

Please make sure the governance document designates...

5. How did the Applicant start or established the business?

- Bought or acquired an existing firm/Business _____
- Started the firm/Business _____
- Merger or Consolidation with another firm (name firm) _____
- Others
(Please Specify): _____

5a. Acquisition, start or merged date _____

6. Has the Applicant ever applied for certification before?

- No
- Yes. By whom _____ Date: _____
- Was applicant denied certification? Provide documents or explanation.

APPLICANT'S CONTACT DATA

7. Applicant's Street Address: _____

7a. City: _____ . State: _____ . Zip: _____

8. This address is a (Check the appropriate)

- Office is located in my home
- Virtual Office (with other tenants)
- Office or Business Park
- Office Building (separate office)
- Strip Mall

8a. Is the Applicant's premises: (check one)

- Commercial Spaced Owned
- Commercial Spaced Leased
- Non-Commercial Space - Home-based

Please provide a location lease agreement; if 'premise' is owned, provide a copy of warranty or security deed.

8b. List or attach location of all additional facilities: _____

9. Mailing Address [if different] Mailing address shall be within the Area of this MSDC.

9a. City: _____ 6b. State: _____ 6c. Zip: _____

9b. Explain the reason for mailing address _____

10. Please provide a business card for the Applicant with the appropriate legal name of the Firm and appropriate legal title(s).

11. Applicant's Dun & Bradstreet # (if applicable): _____

12. Office Telephone: _____

13. Cell Phone: _____

14. Fax Number (**dedicated fax**): _____ **REQUIRED**

15. Website Address: _____ **REQUIRED**

16. E-mail Address: _____ **REQUIRED**

16a Alternative E-mail Address: _____ **REQUIRED**

APPLICANT'S ETHNICITY/CITIZENSHIP STATUS

17. What is the Applicant's ethnicity status?

- Asian-Indian American (Male) AIM
- Asian-Indian American (Female) AIF

- Asian-Pacific American (Male) APM
- Asian-Pacific American Female APF

- African-American/Black (Male) BLM
- African-American/Black (Female) BLF

- Latino/Hispanic-American (Male) HIM
- Latino/Hispanic-American (Female) HIF

- Native American (Male) NAM
- Native American (Female) NAF

18. What 3rd party source document is the Applicant providing to document ethnicity?

Please include documents:

- Birth certificate (if applicable, including Death Certificate of an ethnic-minority parent)

- US Department of Interior or Local State Tribal Certificate for Native Americans

- Other governmental source document _____

NOTE: Although Passports can document birth place, they cannot always document ethnicity.

19. What 3rd party source document is the Applicant providing to document citizenship status?

Please include documents:

- US Birth certificate

- US Certificate of Naturalization or US Passport

- Other governmental source document _____

NOTE: Driver's License is not a source document.

20. What State is the Applicant a 'legal resident?' _____

Please provide a copy (ies) of the Drivers' License.

APPLICANT'S LOCAL BUSINESS OR OCCUPATIONAL LICENSE

21. Please provide local business or occupation license.

APPLICANT'S FEDERAL, STATE OR LOCAL MBE or SDBE CERTIFICATIONS

22. Does the Applicant hold additional Federal, State or Local ethnic-minority certification or designations?

- Yes SBA 8a # _____ No
- Yes HUB Zone # _____ No
- Yes GSA Schedule # _____ No
- Yes Any Other (#) _____ No
- Yes Any Other (#) _____ No

APPLICANT'S PRODUCT OR SERVICE

23. In the space below, please give a "concise" description of company's product(s) or service(s). The description (s) should fit with Applicant's answer(s) about NAICS Code(s) and correspond with the resources (Assets) on the Balance Sheet. To function in most corporate-member supply chains in the current economic environment, 'buyers expect suppliers to be an expert or proficient in specific skills. Buyers are not looking for a 'jack-of-all-trades'.

NOTE: DO NOT REFERENCE BROCHURES, FLYERS OR OTHER ATTACHMENTS -- your text has to fit the space below.

APPLICANT'S NAICS CODE & NAICS CODE DESCRIPTION

24. NAICS Code & Description

The Applicant is limited to "five (5) NAICS codes and descriptions"; please rank in descending order of importance. **Each code shall have a description.** NOTE: NAICS codes are codes the applicant has the skills and competencies (on resume) and assets (on Balance Sheet) to provide at the date of this application. Applicant may not include NAICS Codes for "outsourced" partners or associates.

REMEMBER: All codes/descriptions shall have something in common. Corporate members are looking "experts" for their supply chains. Please do not provide a "variety" or "wide range" of disparate codes. If you have questions, please call the GCMSDC certification staff. If the Applicant offers more than one product/service, please list primary product or service first.

A-NAICS Code _____

Description _____

B-NAICS Code _____

Description _____

C-NAICS Code _____

Description _____

D-NAICS Code _____

Description _____

E-NAICS Code _____

Description _____

NOTE: If you don't know your NAICS Code(s) and corresponding definitions, go to: http://www.census.gov/eos/www/naics/2007NAICS/2007_Definition_File.pdf. Please use the codes' definitions to verify or confirm the type of 'assets' needed.

Please use only 6 digit NAICS code (xxxxxx). These codes are very specific in the product and service descriptions. Remember, the code shall correspond to the resources (assets on the Balance Sheet of the Applicant) required for the business function (type).

APPLICANT’S TYPE OF BUSINESS

25. Type of Business of the Applicant

Please check primary (check one box) function of the Applicant.

(NOTE: The Applicant shall possess the corresponding “assets” on the Balance Sheet, skills and competencies as demonstrated on their resume. If the Applicant is manufacturer, there shall be ‘plant & equipment’ on the Applicant’s Balance Sheet and available for inspection for site visit. By NMSDC definition, an MBE with outsourced manufacturing, is not a manufacturer, but is a Broker/Agent or Mfg. Rep.. Same logic applies for a distributor, the firm shall have warehouse asset on the Balance Sheet). Assets shall be owned by the “Applicant”. Type of Business should have the appropriate corresponding NAICS Code.

NOTE: please do not use a “manufacturing NAICS code” if you do not own plant & equipment. Plant & equipment shall appear on applicant’s Balance Sheet.

- Brokers/Agents (BA)
- Construction Contractor (CC)
- Consultant/Professionals
- Distributor (DS)
- Manufacturer (MF)
- Manufacturer’s Rep (MR)
- Service Contractor (SC)
- Other _____ (Most ‘service providers’ will fit into one of the above categories)

**DATA ON APPLICANT’S LEGAL & OWNERSHIP STRUCTURE
SOLE PROPRIETOR OR GENERAL PARTNERS**

Please fill out the appropriate ownership structure below with the requested data. Please list the Sole Proprietor and each Partner (partnership), Corporate Officer, Corporate Director and Corporate Shareholder or Stockholder and LLC Member (or Unit Holder) and/or LLC Manager and LLP Member, respectively.

The name listed should include Minority Group Members and Non-Minority Group Members.

Under “Title” used the legal title that is documented in legal documents (Bylaws, Operating Agreement or Partnership Agreement).

Under “Ownership Role” column, use the follow abbreviations:

- | | | | |
|--------------|-------------------------------------|-------------|--------------------------------|
| CO | (Corporate Officer) | CD | (Corporate Director) |
| CS | (Corporate Stockholder/Shareholder) | ME | (LLC/LLP Member & Unit Holder) |
| MA | (LLC Manager (Agent/employee)) | Part | (General Partner) |
| SProp | (Sole Proprietor) | | |

In the Citizenship status column, use the following: 1 = By Birth or 2 = Naturalized Citizen.

NOTE: The NMSDC does not certify non-citizens (e.g., Green Card Holders).

26. Sole Proprietor (owner or Principle) or Partners of General Partnership

Name/Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (entries shall total 100%)	Voting Percentage
						100.0%	100.0%

*NMSDC’s definition of Sole Proprietorship is a business that is owned/operated 100% by one (1) individual. Split husband/wife ownership does not constitute Sole Proprietorship – but a ‘partnership’.

DATA ON THE LEGAL/OWNERSHIP STRUCTURE OF APPLICANT'S (MEMBERS IN A LEGAL FICTION)

26b. List all partners and title(s) of the state chartered entity - LIMITED PARTNERSHIP:

NOTE: if a partner is a "state chartered entity – LEGAL FICTION", please call the GCMSDC certification staff.

Name/Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (Must total 100%)	Voting %
						100.0%	100.0%

26c. List all CORPORATE directors, shareholders, and officers. List appropriate corporate title(s) of the state chartered entity:

NOTE: if a member is another "state chartered entity – LEGAL FICTION", please call the GCMSDC certification staff.

Shareholder's Name/Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (Must total 100%)	Voting %
						100.0%	100.0%

26d. List all LIMITED LIABILITY COMPANY/LIMITED LIABILITY PARTNERS' Members. List appropriate LLC/LLP title(s) of the state chartered entity:

NOTE: if a member is another "state chartered entity – LEGAL FICTION", please call the GCMSDC certification staff.

Member's Name/Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (Must total 100%)	Voting %
						100.0%	100.0%

26e. List all LLC/LLP Managers (Agents). List appropriate LLC title(s) of the state chartered entity:

Manager's Name/Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (Must total 100%)	Voting %
						100.0%	100.0%

27. How does the Applicant LLC file taxes (circle one): sole proprietorship, partnership, or corporation.

APPLICANT'S KEY CONTACT

28. Key Contact(s) Name: _____

29. Key Contact's Title: _____

30. Key Contact(s) Phone#: _____

31. Key Contact's Email: _____

31b. Alternative Key Contact's Email: _____

32. Please list names and attach resumes of Applicants and Key Contacts.

32b. _____

32c. _____

32d. _____

32e. _____

32f. _____

32g. _____

APPLICANT'S EMPLOYEES

33. Number of Employees (applicant shall have employees (including the applicant)::

33b. Total _____

33c. Full Time _____

33d. Part Time _____ (includes contract or 1099s)

33e. Number of Minority Employees: _____

(NOTE: for NMSDC certification, non-ethnic minority women shall not be included in this total.)

34. Please list all responsible Officers, Members or key employees that are responsible Managing Employees/day-to-day management:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

APPLICANT'S DAY-TO-DAY OPERATIONAL STRUCTURE

35. Identify those individuals (*principals (P)*, *non-principals (NP)* and *key employees/Agent (KE)*) who are responsible for the day-to-day operations and policy decision-making, including those with prime responsibilities for:

Operation	Name	Title (<i>P, NP or KE</i>)	Ethnicity
Financial decisions			
Signatory on major documents			
Personnel management			
Marketing/sales			
Payroll			
Estimating			
Purchasing of major items			
Supervision of Field Operations			
Who determines what jobs/projects enterprise will undertake?			

36. If professional license or permit is required to provide the product or service, give information as follows:*

Name of License Holder	Type of License/Permit	License Number

* NOTE: The license or permit shall be owned by the ethnic-minority Applicant.

APPLICANT'S MARKET REACH

37. What geographical markets does the Applicant currently have assets (resources) to handle?

- Local
- Regional
- National
- International

38. Does the Applicant share any assets or resources* with any other firm/business or individual? Yes No
 (*office facilities, storage space, equipment, personnel, inventory, financing, etc.) If yes, please identify and explain fully.

39. Is the SP, Member/Manager, Officer/Director, Partner or employee of the Applicant firm who is associated with any other business associated that will benefit from this certification?

Yes No

If yes, explain fully and identify the business or person with whom you have an agreement and attach any/all written agreement and/or explain any oral or intended agreement.

APPLICANT'S CUSTOMER REFERENCES

40. Provide three current customer references (as applicable).

40b. FIRM _____
Address _____
City/State/ZIP _____
Buyer _____ Phone: _____
Product/Service _____ Dollar Volume: _____

40c. FIRM _____
Address _____
City/State/ZIP _____
Buyer _____ Phone: _____
Product/Service _____ Dollar Volume: _____

40d. FIRM _____
Address _____
City/State/ZIP _____
Buyer _____ Phone: _____
Product/Service _____ Dollar Volume: _____

APPLICANT'S BANK & BANKING REFERENCES

41. Provide two current bank references (as applicable)

41b. Name of Bank Officer _____ Title: _____

Name of Institution _____

Address _____

City/State/ZIP _____

Type of Account _____ Credit Line: _____

41c. Name of Bank Officer _____ Title: _____

Name of Institution _____

Address _____

City/State/ZIP _____

Type of Account _____ Credit Line: _____

42. Please provide a copy of an Applicant's cancelled and returned check (front and back). This is not a VOID or SAMPLE check. This item is for signature verification.

43. Please provide a copy of the Applicant's Bank Signature Card, Bank Resolution or Letter. Letters shall include tax id and the names of the authorize signors.

APPLICANT'S SECTOR SPECIFIC DATA

44. Is the Sole Proprietor or Firm '**Bonded**' (if applicable)?

Yes, Amount _____

No

Bonding /Security Company _____

45. If the Sole Proprietor or Firm is a **Distributor** – and the Applicant shall have warehouse assets on the Balance Sheet – then please provide the 'Average Dollar Value of Inventory in the Applicant's warehouse'.

45b. **Distributors/Brokers (Agents)**, please provide a list of vendors and suppliers.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

46. If the Sole Proprietor or Firm is a **Manufacturer** – and the Applicant shall have plant and equipment assets on the Balance Sheet – then please list basic equipment and indicate whether equipment is leased (on P & L) or owned (on Balance Sheet).

Basic Equipment	Leased/Owned (attached lease agreement, if applicable)
_____	_____
_____	_____
_____	_____

47. If Sole Proprietor or Firm is a Manufacturer's Representative, provide a list of manufacturers.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

48. If Sole Proprietor or Firm is a **Building Trade Contractor**, please complete the following section:

License # _____
Provide a copy of the State License Certification _____

Trade Specialty _____

Union Name/Local _____

Union Affiliation _____

Most Recent Project:

Project Name _____

Start Date _____

Finish Date _____

Geographical Area _____

Dollar Value _____

NOTE: PLEASE PROVIDE A COPY OF BONDING CERTIFICATE (IF APPLICABLE)

49. If Sole Proprietor or Firm is a General Contractor, provide a list of sub-contractors and specialty. Provide a copy of General Contractor's License.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

50. If Sole Proprietor or Firm is a "sub-contractor". Provide a list to the General Contractors you have worked for over the last 36 months.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

51. If the Sole Proprietor or Firm is in the Transportation or Logistics sector, please provide the requested Information:

- Operating Status (copy attached):
- Independent Carrier - attach a list of carriers
- Common Carrier w/Operating Authority (Interstate) – attach a list of carriers
- Common Carrier w/Operating Authority (Intrastate) – attach a list of carriers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

51b. Does the Sole Proprietor or Firm have his/her 'individual Operating Authority? YES /NO
If you answered YES, please provide a copy of this Authority certificate.

51c. Please provide documents for the Applicant's Insurance Carrier

51d. List the Commodities you normally transport

51e. Vehicles/Equipment	Owned/Leased & Quantity	Registration No.
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_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please forward copies of all applicable vehicle title and/or lease agreements with this application

APPLICANT'S FINANCIAL & TAX DATA

52. Please select the appropriate Legal Business Structure and provide the appropriate Tax Form and schedules for the last two years:

	Individual (Sole Proprietorship)	Form 1040
	Partnership	Form 1065f
	C Corporation	Form 1120 or Form 1120 A
	S Corporation	Form 1120 or Form 1120 S
	Partnership LLC	Form 1065
	Corporation LLC	Form 1120

53. List and provide evidence of contributions of each of the principals (This evidence shall APPEAR ON BALANCE SHEET and if assets are equipment or real estate, they SHALL be owned by the Applicant).

Name	Actual Money	Equipment	Real Estate	Expertise
	\$			_____ years
	\$			_____ years
	\$			_____ years
	\$			_____ years

54. Supply a copy of the firm's Financial Statements (e.g., Balance Sheet, Profit and Loss Statement (Retained Earnings Statement), and Statement of Cash Flows) for the preceding calendar year of application (e.g., 12/01/2010 to 12/31/2010). Financial Statements shall meet *Financial Accounting Standards Board (FASB) - Generally Accepted Accounting Principles (GAAP) "presentation format"*. *Statements shall not be "internal" management statements, but include information for an 'external' audience. Statements shall end on the appropriate day – usually the last day -- of the accounting period. Please confer with your Certified Public Accountant.*

If the Applicant has not been in business for a full year, Financial Statements (all three documents) shall be for the period of operations (i.e., remember to end statements on the last day of the month).

If applicable, please include financial statements of any subsidiary or affiliate or parent of the Applicant for the same period of time. If statements are consolidated, statements shall meet GAAP.

All financial statements shall be 'presented' in *Generally Accepted Accounting Principles (GAAP)* format and shall be signed and dated by the:

- proprietor of the sole proprietorship,
- partners of the general partnership
- Limited partner of Limited Partnership,
- Managing Member or Member of LLC or LLP or
- Corporate Officer - President

Unless prepared by an independent Certified Public Accountant and presented on his/her letterhead.

Initial equity shall be displayed according the GAAP standards.

(NOTE: LLC/LLPs shall follow the accounting protocol as presented "Practice Bulletin 14". Your CPA can explain PB 14.

NOTE: 'Compilations of Financial Statements' usually do not meet GAAP standards; however, the applicant's statement shall follow a GAAP "presentation protocol".

REMEMBER: MBE certification is about ethnic-minority control.

- Please make sure compilation or Notes include 'authorized and issues (Outstanding) shares, par value, and the initial equity investment for each shareowner or unit holder'.
- Data SHALL appear on the face of the Balance Sheet or in the Notes to Financial Statements.
- If Notes are use, the information SHALL also show the income (loss) distribution to each shareowner or unit holder or partner in the Statement of the Retained Earnings.

All financial material is kept confidential. Again, financial statement information, particularly the Balance Sheet shall separate the initial Capital (equity) investment from subsequent equity investment (Paid-In-Capital) from Retained Earnings from Net Income (Loss). The data should allow the certification committee to determine if the ethnic-minority received a proportioned share of "every" that corresponds with her/his investment.

55. Provide federal tax returns for the last two (2) tax years. If firm was not operational, provide an 'official' explanation and supported with Applicant' personal tax returns.

**APPLICANT'S PARENT or SUBSIDIARY FIRM
(if applicable- circle Parent or Subsidiary)**

56. Does the Applicant have any subsidiaries or affiliates or is the Applicant a subsidiary of another firm? Check one:

- Yes
- (EIN _____ and Firm's Legal Name _____)
- No

Also describe the legal relationship of the Applicant to the subsidiary, affiliate or parent.

57. Parent/Subsidiary Firm (legal name): _____

58. Parent/Subsidiary Firm's EIN _____

59. Parent/Subsidiary Firm's Fictitious Name (if applicable) _____

60. Parent/Subsidiary Firm's Street Address: _____

60b. City: _____ . State: _____ . Zip: _____

61. Parent/Subsidiary Firm's Mailing Address [if different]: _____

61b. City: _____ . State: _____ . Zip: _____

62. Parent/Subsidiary Telephone: _____ Parent/Subsidiary Fax Number: _____

63. Has your firm, its Parent Company, Subsidiary of the applied firm been denied certification by any certifying entity, municipality or organization?

- Yes. Name of Agency _____ Date: _____
- No

64. Is the Firm, Parent, Branch/Subsidiary currently certified by other NMSDC affiliate council?

- Yes. Name of Council _____ Date: _____
- No

APPLICANT'S MISCELLANEOUS DATA

65. Does Applicant business concern or any person listed above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the Applicant concern? Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative service, marketing, production and other type of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

- Yes
- No

66. Is the Applicant business and/or owner concern involved in any present or pending lawsuit?

- Yes, If yes, provide details on a separate sheet.
- No

DECLARATION OF CERTIFICATION OF ETHNIC-MINORITY STATUS

67. Please initial and sign where requested.

I (We) have completed and submitted the Minority Supplier Registration and Database Input Form as requested by the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief. I (We) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification of minority status by the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL. I (We) acknowledge to have the certification completed within 90 days of the submission of this application. The GCMSDC stamp-in date is the official start date; this includes site visits. I (We) will provide the current Federal Income tax returns as a part of the annual recertification process.

_____ **(Initials of the Applicant)**

I (We) acknowledge NMSDC Affiliates also known as RMSDC or Councils reserve the right not to certify an MBE based on convicted acts of felony, during the certification process. In the act of protecting the integrity of certified minority businesses enterprise of NMSDC or listed vendors of NMSDC and listed vendors of NMSDC Corporate Members, affiliate councils also reserve the right to not certify based on lack of professionalism or at staffers discretion that the inquired company will not be able to competitively meet the standards of bidding in the mainstream; furthermore, without legal pursuance, retribution or repercussions by or from applicant.

_____ **(Initials of the Applicant)**

I (We) acknowledge that if the Council discovers that a statement has been made herein which the Applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council. I (We) acknowledge that all agreements of this firm shall mean written agreement and all such agreements are presented in this certification package. If the NMSDC or its affiliated regional council becomes aware, from any source, that the applicants have "oral" agreements, the firms shall be immediately – decertified with no recourse.

_____ **(Initials of the Applicant)**

I (We) further agree that once certified, the continued certification and registration by the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. will be according to the guidelines, rules and regulations of the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. and the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. and may be amended for time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the certified MBE concern.
2. Discovery that any false information was knowingly supplied to the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. or any affiliate MSDC in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. of the transfer or loss of ownership and/or management and control of the certified MBE concern by its ethnic-minority group members.
4. Failure or refusal to allow the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the certified MBE concern, if such transfer results in the loss of control and ownership of the business concern by the minority group members.

_____ **(Initials of the Applicant)**

I (We) understand and agree that the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the Applicant(s) for certification. (We) agree that all materials submitted with this package SHALL become the property of the affiliated council and shall not be returned. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more minority individuals (as defined herein) and such individuals with at least 15% ethnic heritage control, operate and manage the company.

_____ **(Initials of the Applicant)**

I (We) understand that I (We) can withdrawal my application from the process by requesting so in writing to the president of the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. as long as the file has not been presented to the MSDC's Certification Committee. Similarly, the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. reserves the right to perform an 'administrative withdrawal' of the applicant's file from the certification process if file remains incomplete after 30 days of council's notification. After an administrative withdrawal, the GRAND CANYON MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. reserves the right to destroy the file.

_____ **(Initials of the Applicant)**

The undersigned hereby recognize, that the Applicant if certified is not a Member of the Council, but a certified MBE, and agrees (agree) to hold the GCMSDC, NMSDC and affiliates MSDCs free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold GCMSDC, NMSDC and affiliates MSDCs harmless for any and all liability in connection with the certification of the information contained in this application. If an Applicant is denied, they have the right to appeal and if appeal is denies shall wait one year (12 months) before they reapply.

The undersigned hereby declares (declare) under penalty of perjury (Public Law 99-272 below) that I have personally read and understand the cover letter, and application and all statements made in this application and any attachments hereto and true and correct. I understand that the Registration Fee is included and non-refundable and made payable GCMSDC. The Applicant, if certified, agrees to notify the council immediately (within less than 30 days) of "any changes in ownership and control. (Please Sign and Attest)

SOLE PROPRIETOR OR FIRM'S LEGAL NAME:

68. Signature(s)

Signature shall be of the Sole Proprietor, the Partner(s) of a General Partnership, the Limited Partner(s) of a Limited Partnership or the MEMBER(S*) of Limited Liability Company or Limited Liability Partnership or the President/Chief Executive Officer of the Corporation. Please include title(s) after name.

**** NOTE: If LLC Manager(s) (e.g., Agent – employee) and Member(s) are either separate individuals or the same individual(s), both the MANAGER(S) and the MEMBER(S) are required to shall sign.***

Sole Proprietor (Signature) _____

Date _____

Partner of the General Partnership Firm (Signature) _____

Date _____

Partner of the General Partnership Firm (Signature) _____

Date _____

Partner of the General Partnership Firm (Signature) _____

Date _____

Corporate President & Chief Executive Officer of the CORPORATION

Signature _____ Date _____

LLC Manager (Agent) of the LLC/LLP Firm

Signature _____

Date _____

LLC Manager (Agent) of the LLC/LLP Firm

Signature _____

Date _____

LLC Member of the LLC/LLP Firm

Signature _____

Date _____

LLC Member of the LLC/LLP Firm

Signature _____

Date _____

Limited Partner of a Limited Partnership (Signature) _____

Date _____

Limited Partner of a Limited Partnership (Signature) _____

Date _____

LLP Member of the LLP Firm

Signature _____

Date _____

LLP Member of the LLP Firm

Signature _____

Date _____

Please have this form **NOTARIZED**, retain a copy of this entire document for your files and return the original and the attachments to:

**GCMSDC Certification
Scottsdale Executive Plaza
6340 E. Thomas Road, #220
Scottsdale, Arizona 85251**

State of _____

County of _____

On _____ 20____, before me, (name) _____ the undersigned

Notary Public, personally appeared (name) _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name (s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed in the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) of the entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public _____

(Seal)

Commission Expires _____

NOTE: *Public Law 99-272*, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to a \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime subcontract to be awarded as a result or in furtherance or any provision of federal law that specifically references Section 8(D) of the Small Business Act for a definition of eligibility.

ADDENDUM

DEFINITIONS or EXPLANATIONS FOR EACH QUESTION

Question #1 - APPLICANT

“Majority-in-Interest” with respect to this application shall mean any sole proprietorship, general partnership, corporation, limited liability company, limited liability partnership or limited partnership where the ethnic-minority member who owns more than 51 percent of the current percentage or other interest in the profits/losses, assets, or any distribution, etc. shall be allocated based on her/his proportional ownership interest.

NON-CHARTERED ENTITIES

SOLE PROPRIETOR is an owner or a principal. The word “sole proprietor” means a “single” individual, not a husband wife team. A husband wife team is a partnership.

GENERAL PARTNERSHIP has partners.

CHARTERED ENTITIES

A common form of business organization which is “chartered by a state general assembly” and is given many legal rights as an entity separate from its owners. The NMSDC shall use the term “FIRM” to designate all statutory (State) chartered entities.

The FIRM* shall be defined as a “State Statutory Chartered Entity”; which is a “legal artificial person under the law” separate from its members or owners. This is a “LEGAL FICTION”.

*In the context of the NMSDC, the ‘LEGAL FICTION’ SHALL be called a FIRM and SHALL be one of the following:

- CORPORATION (CORP),
- LIMITED LIABILITY COMPANY (LLC),
- LIMITED LIABILITY PARTNERSHIP (LLP) or
- LIMITED PARTNERSHIP (LP).

LEGAL NAME OF THE FIRM is the “name” the promoters, agents or members provided the Secretary of State and the name the Secretary of State “certified”. This is the legal name the Secretary of State authorized to use in that particular state.

This name shall appear on all official documents used in the public. Since the FIRM is granted certain benefits from the State’s General Assembly, the FIRM is required to do certain things in certain way. One of the requirements is the use of the FIRM’S legal name in public. For our corporate members, the use of your legal name is a benefit to them.

Thus, for use in the NMSDC certification applications, each general partnership and legal fiction has a specific governance authority -- nomenclature and this nomenclature shall be used throughout the governing documents:

- GENERAL PARTNERSHIP has partners.
- CORPORATIONS have Shareholders, Directors and Officers. The Corporation shall be governed

by the Corporation's Bylaws and its Board of Directors.

-LIMITED LIABILITY COMPANY/LIMITED LIABILITY PARTNERSHIP shall have MEMBERS and/or Unit Holders or MANAGERS and shall be governed by its Member (Operating) Agreement,
-LIMITED PARTNERSHIP shall have GENERAL Partners and LIMITED Partners and shall be governed by the Limited Partnership Agreement.

MANAGEMENT BY GOVERNING AUTHORITY

Each general partnership and legal fiction shall have governing authority that shall manage the business and affairs:

Company Agreement or GENERAL PARTNERSHIP Agreement

Bylaws for a CORPORATION

Company or Operating Agreement for LLC or LLP

Company or Limited Partnership Agreement for LP

Question #2 – FICTITIOUS, ASSUME BUSINESS NAME OR DOING BUSINESS AS NAME

Firm's Fictitious Name or Doing Business Name

Definition: The term 'fictitious business name' (or 'assumed business name', 'trade name' or 'DBA' for 'doing business as') is used when a business uses a name that's different from its legal name.

In some States, these terms have unique and different meanings. However, each usually requires registration with a governmental entity before the term shall be used. Please check with your local government.

Question #3 EIN or FTIN or TIN

An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number. A Taxpayer Identification Number or TIN is an identifying number used for tax purposes in the United States. It is also known as a Tax Identification Number or Federal Taxpayer Identification Number. It may be assigned by the IRS (Internal Revenue Service.)

EIN (Employer Identification Number) – See IRS.gov for requirements and definitions:
<http://www.irs.gov/businesses/small/article/0,,id=98350,00.html>

FIN (Taxpayer Identification Number) – See IRS.gov for requirements and definitions:
<http://www.irs.gov/businesses/small/international/article/0,,id=96696,00.html>

NOTE: SOLE PROPRIETOR - please do not use Social Security number. All Applicants shall have either a EIN or a TIN.

Question #4 **REQUIRED DOCUMENTS FOR SOLE PROPRIETOR (SP) OR FIRM**

Provide all the requested documents for the appropriate legal structure -- SP or the State Authorized 'LEGAL FICTIONS'.

NMSDC MBE Certifiable Business Structure

The decision regarding business structure is a decision that a person should make, in consultation with an attorney and accountant, and taking into consideration issues regarding tax, liability, management, continuity, transferability of ownership interests, and formality of operation. However, in addition to these "general governmental requirements" the NMSDC has additional criteria.

Generally, MBE certifiable businesses are created and operated in one of the following forms:

- **Sole proprietorship:** The most common and the simplest form of business is the sole proprietorship. In a sole proprietorship, a single individual engages in a business activity without necessity of formal organization. If the business is conducted under an assumed name (a name other than the surname of the individual), then an assumed name certificate (commonly referred to as a DBA) should be filed with the office of the county clerk in the county where a business premise is maintained. If no business premise is maintained, then an assumed name certificate should be filed in all counties where business is conducted under the assumed name.
- **General partnership:** A general partnership is created when two or more persons associate to carry on a business for profit. A partnership generally operates in accordance with a partnership agreement, but there is no requirement that the agreement be in writing and no state-filing requirement. If the business of the partnership is conducted under an assumed name (a name that does not include the surname of all of the partners), then an assumed name certificate (commonly referred to as a DBA) should be filed with the office of the county clerk in the county where a business premise is maintained. If no business premise is maintained, then an assumed name certificate should be filed in all counties where business is conducted under the assumed name.
- **Corporation:** A (you name your state) corporation is created by filing a certificate of incorporation or formation with the (you name your State) Secretary of State. The Secretary of State provides a form that meets minimum state law requirements. Online filing of a Certificate of Incorporation or Formation is provided through your Secretary of State.

A corporation is a legal person with the characteristics of limited liability, centralization of management, perpetual duration, and ease of transferability of ownership interests. The owners of a corporation are called "shareholders." The persons who manage the business and affairs of a corporation are called "directors." However, state corporate law does

provide for shareholders to enter into shareholders' agreements to eliminate the directors and provide for shareholder management. Choosing the best management structure for your corporation is a decision you make with the advice of an attorney. The Secretary of State cannot assist you.

An "S" corporation is not a matter of state corporate law but rather a federal tax election. A for-profit corporation elects to be taxed as an "S" corporation by filing an election with the Internal Revenue Service. Please contact the Internal Revenue Service or competent tax counsel regarding the decision to be taxed as an "S" corporation and the requirements for filing the election. This is not a matter with which the Secretary of State may assist.

- **Limited Liability Company:** A (you name your State) limited liability company is created by filing a certificate of formation with the (you name your state) Secretary of State. The Secretary of State provides a form that meets minimum state law requirements. Online filing of a Certificate of Organization or Formation is provided through your Secretary of State.

The limited liability company (LLC) is not a partnership or a corporation but rather is a distinct type of entity that has the powers of both a corporation and a partnership. Depending on how the LLC is structured, it may be likened to a general partnership with limited liability, or to a limited partnership where all the owners are free to participate in management and all have limited liability, or to an "S" corporation without the ownership and tax restrictions imposed by the Internal Revenue Code. Unlike the partnership, where the key element is the individual, the essence of the limited liability company is the entity, requiring for its creation more formal requirements.

The owners of an LLC are called "members." A member can be an individual, partnership, corporation, trust, and any other legal or commercial entity. Generally, the liability of the members is limited to their investment and they may enjoy the pass-through tax treatment afforded to partners in a partnership. As a result of federal tax classification rules, an LLC can achieve both structural flexibility and favorable tax treatment. Nevertheless, persons contemplating forming an LLC are well advised to consult competent legal counsel.

A limited liability company can be managed by managers or by its members. The management structure must be stated in the certificate of formation. Management structure is a determination that is made by the LLC and its members. The Secretary of State cannot give advice about management structure.

- **Limited Partnership:** A (you name your state) limited partnership is a partnership formed by two or more persons and having one or more general partners and one or more limited partners. The limited partnership operates in accordance with a partnership agreement, written or oral, of the partners

as to the affairs of the limited partnership and the conduct of its business. While the partnership agreement is not filed for public record, the limited partnership must file a certificate of formation with the Secretary of State. The Secretary of State provides a form that meets minimum state law requirements. Online filing of a Certificate of Organization or Formation is provided through your Secretary of State.

- **Limited Liability Partnership:** In order to limit the liability of its general partners, a general or limited partnership may opt to register as a limited liability partnership. The Secretary of State provides a form for registration as a limited liability partnership. Online filing of a Certificate of Organization or Formation is provided through your Secretary of State.

The information on this page should not be considered a substitute for the advice and services of an attorney and tax specialist in deciding on the business structure.

Question #5 APPLICANT'S START DATE

Date when was the SP or firm established

Question #6 APPLICANT'S Former Certifications (if appropriate)

List.

Question #7 APPLICANT'S LEGAL ADDRESS, ETC.

List

Question #8 Type of Business Location

List

Question #9 Applicant's Mailing Address

List

Question #10 APPLICANT'S BUSINESS CARD WITH LEGAL NAME & TRADE NAME

Business card and legal titles -- Business card shall match legal name of firm as certified by the Secretary of State.

The business card for a FIRM SHALL have all the required 'legal notices' as required by law. Legal names shall be provided in addition to 'brand or trade' name. The card for the SP SHALL the owner's name and title. In this context, the SP is neither a 'president' or a 'CEO'. The SP is either 'owner' or 'principal'.

Question #11. Applicants Dun & Bradstreet #

List

Question #12, 13 14, 15 & 16 **BUSINESS COMMUNICATION**

Electronic communication with the Applicant. To get the full benefit of MBE certification, efficient and effective communication between the MSDC and the MBE is a 'must'; therefore, please do not use an email address – 'info @ _____'. Please include a personal email address.

(website: _____)

Question #17, 18, 19 & 20 **ETHNICITY & Citizenship STATUS, ETC.**

Proof of ethnic-minority status, citizenship and legal state residency.

NMSDC ETHNIC-MINORITY GROUPS

For purposes of NMSDCs program, a minority group member is an individual who is a U.S. citizen with at least 1/4 or 25% minimum (documentation to support claim of 25% required from Applicant) of the following:

***Asian-Indian
American***

A U.S. citizen whose origins are from India, Pakistan and Bangladesh.

***Asian-Pacific
American***

A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.

***African-American
(Black)***

A U.S. citizen having origins in any of the Black racial groups of Sub-Sahara Africa. These countries include the following: Angola, Benin, Botswana, Burkina-Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo (DRC), Cote d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, Somalia, South African, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia and Zimbabwe.

***Latin-American
(Hispanic)***

A U.S. citizen of true-born Latin heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America and the Caribbean Basin only. Brazilians (Afro-Brazilian, indigenous/Indian only) shall be listed under Hispanic designation for review and certification purposes. These countries include the following: Mexico, Cuba,

Dominican Republic, Honduras, Panama, Guatemala, Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Costa Rica, Guyana, Paraguay, Peru, Uruguay, Venezuela, Belize and Nicaragua.)

Native- American

A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native Americans shall be documented members of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number).

Question #21 – BUSINESS/OCCUPATIONAL LICENSE & PROFESSIONAL LICENSE (if applicable)

Proof of applicant’s local occupational license & professional license (if applicable)

Question #22 ADDITIONAL/PREVIOUS CERTIFICATIONS, ETC.

Current or previous certifications and D & B number, etc. Most corporate members require a D&B number.

Question #23 APPLICANT’S PRODUCTS/SERVICES

General description of the applicant’s products or services. Specific descriptions will go with NAICS Cods.

Question #24 – NAICS CODES & DESCRIPTIONS

What product or services does the Applicant intent to offer. Please be concise. Buyers are looking for suppliers that are expert at something, not a ‘jack of all trades.’

Question #25 – TYPE OF BUSINESS

Check appropriate box

Question #26 - APPLICANT - SOLE PROPRIETOR or GENERAL PARTNERS

Data of the sole proprietor or partners of the General Partnership

Question #26b – APPLICANT -- LEGAL FICTION – Limited Partnership

Data of the General Partners and Limited Partners of the Limited Partnership

Question #26c – APPLICANT -- LEGAL FICTION - CORPORATION

Data of the shareholders of the corporation

Question 26d – APPLICANT - LEGAL FICTION – LLC/LLP MEMBER MANAGED

Data of the members of the LLC or LLP.

Question #26d – APPLICANT -- LEGAL FICTION – LLC – MANAGER MANAGED

Data of the managers of the LLC or LLP

Question #27 – LLC TAX FILING STATUS

Question #28, 29, 30 & 31 – APPLICANT’S RESUMES & KEY CONTACT DATA

Question #32 – APPLICANT’S RESUMES

Applicant shall have current firm on the resume.

Question #33 – PAID EMPLOYEES – Full time, part-time and ethnic-minority

Every applicant shall have employees.

Question #34 &35 – DAY-TO-DAY MANAGEMENT & OPERATIONS

Question #36 – DAY-TO-DAY MANAGEMENT LICENSE HOLDER(S) – if required

Question #37 – GEOGRAPHICAL MARKET REACH (CURRENT)

Question #38 & 39 – SHARED RESOURCES – if applicable

Question #40 & 41 – CUSTOMER & BANKING REFERENCES

Question #42 & 43 – BANKING DOCUMENTS

Question #44, 45, 47, 48, 49, 50, & 51 – SECTOR SPECIFIC DATA

Question #52, 53, 54, & 55 – FINANCIAL & TAX DATA

ACCOUNTING FOR LLC – See CPA JOURNAL –

“ACCOUNTING AND REPORTING FOR LIMITED LIABILITY COMPANIES”

By Charles E. Jordan and Stanley J. Clark

<http://www.nysscpa.org/cpajournal/1997/0497/depts/ACCOUNTING.htm>

Question #56, 57, 58, 59, 60, 61, 62, 63 & 64 – DATA ON PARENT/SUBSIDIARY

Question 65 & 66 MISCELLANEOUS DATA

Question #67 & 68 DECLARATION OF ETHNIC-MINORITY STATUS, SIGNATURE, ETC.