

Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002-3758
Telephone (504) 838-5267 – Toll Free 1-866-488-5267 - Fax (504)838-5289
Website: www.lcb.state.la.us

Corporate / LLC Questionnaire

The following information is being submitted to the Louisiana Cemetery Board, for its use as part of the Application for Certificate of Authority filed by _____, (Applicant) pursuant to R.S. 8:71, which is owned by the following corporation or limited liability company.

1. Name of Corporation or Limited Liability Company: _____
2. Mailing Address: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
3. Telephone #: _____ Fax #: _____ E-mail address: _____
4. Please provide the following information:
 - a) In what state organized? _____
 - b) If other than Louisiana, are you authorized by the Secretary of State to do business in Louisiana?
YES: _____ NO: _____
 - c) Is the Corporation or Limited Liability Company publicly-traded? YES: _____ NO: _____
 - d) Name and address of Registered Agent for Service of Process: _____

5. Is the Corporation or Limited Liability Company named above currently, or has it in the past operated one or more cemeteries in any state other than Louisiana? YES: _____ NO: _____ If YES, list each below: (attach additional sheets, if necessary)

Name of Cemetery: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____

Name of Cemetery: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
6. List the following information for each owner, partner, stockholder, and/or member (owning 10% or more), officer, director, and/or LLC manager. (Attach additional sheets, if necessary)

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____
7. Is the Corporation or Limited Liability Company named above a subsidiary? YES: _____ NO: _____
If YES, please provide the following:
 - a) Name & address of parent: _____

 - b) Percentage of Ownership of subsidiary: _____
 - c) In what state organized? _____

- d) If other than Louisiana, is the parent authorized by the Secretary of State to do business in Louisiana?
 YES: _____ NO: _____
- e) Is the parent publicly-traded? YES: _____ NO: _____
- f) Name and address of Registered Agent for Service of Process: _____

8. Has the *Corporation or Limited Liability Company* been the subject of a criminal prosecution or governmental enforcement action in any jurisdiction? YES: _____ NO: _____

a) If YES, explain nature, status and resolution, if resolved. _____

9. Has the *Corporation or Limited Liability Company* had a license, registration or the equivalent, to practice any profession or occupation, or to engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against? YES: _____ NO: _____

IMPORTANT: FOR EVERY "YES" ANSWER TO QUESTIONS 8 & 9 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS - AND DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

THE FOLLOWING MUST ACCOMPANY THIS QUESTIONNAIRE

- Certified copy of Articles of Incorporation, Charter, or Articles of Organization.
- Certificate of good standing from the Secretary of State's Office.
- Three (3) years financial statements. If a new corporation or limited liability company, submit a statement estimating receipts (including capitalization, sales, loans, etc.) and expenditures for the next two (2) years.
- Each person named in six (6) above must complete an Individual's Questionnaire and submit a current credit report from a credit bureau.
- There shall be submitted to the Board such additional information and/or documentation the Board may deem necessary.

CERTIFICATION

We hereby certify that the information presented herein is true and correct to the best of our knowledge and belief, that said information is submitted voluntarily to the Louisiana Cemetery Board as essential data in connection with the Application for Certificate of Authority filed by the *Applicant* named herein. ***This application must be executed by each owner, partner, stockholder, and/or member, holding 10% or more, or a majority of the officers, directors, and/or LLC managers if publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____, 20____.

 Name of Corporation

 Signature/Title

 NOTARY PUBLIC

Print name of Notary: _____

Notary number: _____

My Commission Expires: _____

 Signature/Title

 Signature/Title

 Signature/Title

 Signature/Title

PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
 3445 N. Causeway Blvd., Suite 509
 Metairie, LA 70002