

Beneficial Ownership Information (BOI) Report Mock-Up

Note: This information is a summary meant for general information and discussion purposes only and may be considered an advertisement for certain purposes. It is based on the information available to us at this point in time and, as such, is not a full analysis, may not be relied upon as legal advice, and does not claim to represent the views of our clients or FL Patel Law PLLC. The views expressed herein are solely those of the author unless otherwise noted.

Filing Information

1. Type of filing (check only one box for lines 1a–1d)

1a. Initial report

1b. Correct prior report (if this box is checked, then you must fill out lines 1e–1h (Reporting Company information associated with the most recent report))

1c. Update prior report (if this box is checked, then you must fill out lines 1e–1h (Reporting Company information associated with the most recent report))

1d. New exempt entity (if this box is checked, then you must fill out lines 1e–1h (Reporting Company information associated with the most recent report) and no other lines in the report)

Reporting Company information associated with the most recent report, if any:

(Lines 1e–1h must be completed when the type of filing is “Correct prior report” (line 1b), “Update prior report” (line 1c), or “Newly exempt entity” (line 1d) to link the new filing to the previous filing)

1e. Legal name: _____

1f. Tax identification type (select one from the list of options)

EIN

SSN/ITIN

Foreign

1g. Tax identification number: _____

1h. Country/Jurisdiction (if foreign tax ID only) (select from the list of countries/jurisdictions)

2. Date prepared (assigned automatically when filer finalizes the report)

Part I. Reporting Company Information

3. Request to receive FinCEN Identifier (FinCEN ID) (check the box to receive a FinCEN ID)

4. Foreign pooled investment vehicle (check the box if the Reporting Company is a foreign pooled investment vehicle)

Full legal name and alternate name(s):

5. Reporting Company legal name: _____

6. Alternate name (e.g., trade name, DBA) (multiple alternate names may be reported):

Form of identification:

7. Tax identification type (select one from the list of options)

EIN

SSN/ITIN

Foreign

8. Tax identification number: _____

9. Country/Jurisdiction (if foreign tax ID only) (select from the list of countries/jurisdictions)

10. Jurisdiction of formation or first registration:

10a. Country/Jurisdiction of formation (select from the list of countries/jurisdictions, including the United States, each U.S. Territory, and all foreign countries. If the United States is selected, complete lines 10b, 10c, or 10d as applicable; if a U.S. Territory is selected, line 10b populates automatically with the selected U.S. Territory; if a foreign country is selected, complete lines 10e, 10f, or 10g as applicable.)

Domestic Reporting Company:

10b. State of formation (select from the list of U.S. States; if a U.S. Territory is selected in line 10a, line 10b populates automatically with the selected U.S. Territory)

10c. Tribal jurisdiction of formation (select from the list of Tribes and "Other Tribe")

10d. Name of another Tribe (enter the name of another Tribe not included in the list for line 10c, only available if "Other Tribe" selected in line 10c):

Foreign Reporting Company:

10e. State of first registration (select from the list of U.S. States and U.S. Territories)

10f. Tribal jurisdiction of first registration (select from the list of Tribes and "Other Tribe")

10g. Name of another Tribe (enter the name of another Tribe not included in the list for line 10f, only available if "Other Tribe" selected in line 10f):

Current U.S. address:

11. Address (number, street, and apt. or suite no.):

12. City: _____

13. U.S. or U.S. Territory

14. State (select from the list of U.S. States; if a U.S. Territory is selected in line 13, line 14 populates automatically with the selected U.S. Territory)

15. ZIP Code: _____

16. Existing Reporting Company (check if the Reporting Company was created or registered before January 1, 2024) (if this box is checked, then Company Applicant information is not required)

Part II. Company Applicant Information

(Report up to two Company Applicants, lines 18–33 are repeated for each Company Applicant)

17. Unable to identify all Company Applicants (check if you cannot obtain any required information about one or more Company Applicants)

Company Applicant FinCEN ID: 18. FinCEN ID (if FinCEN Identifier is not provided, information about the Company Applicant must be provided in the lines below):

Full legal name:

19. Individual's last name: _____

19z. Unknown (check the box if you cannot obtain this information about the Company Applicant)

20. First name: _____

20z. Unknown (check the box if you cannot obtain this information about the Company Applicant)

21. Middle name (required if the Company Applicant has a middle name):

22. Suffix (required if the Company Applicant's name has a suffix):

Date of birth:

23. Date of birth: _____

23z. Unknown (check the box if you cannot obtain this information about the Company Applicant)

Current address:

24. Address type (check the appropriate box for lines 24a, 24b, or 24z)

Business address

Residential address

Unknown (check the box if you cannot obtain this information about the Company Applicant)

25. Address (number, street, and apt. or suite no.):

25z. Unknown (check the box if you cannot obtain this information about the Company Applicant)

26. City: _____

26z. Unknown (check the box if you cannot obtain this information about the Company Applicant)

27. State or other jurisdiction: _____

28. Country: _____

29. Postal code: _____

29z. Unknown (check the box if you cannot obtain this information about the Company Applicant)

Beneficial Ownership Information:

30. Percentage of Ownership: _____

31. Type of Ownership (select from the list of options)

- Direct
- Indirect

32. Exemption (check the box if applicable)

- Exempt from reporting

33. Name of the Reporting Company that filed the most recent report on behalf of the Reporting Company identified in Part I of this form: _____

33z. Unknown (check the box if you cannot obtain this information)

Additional Beneficial Owner:

34. Percentage of Ownership: _____

35. Type of Ownership (select from the list of options):

- Direct
- Indirect

36. Exemption (check the box if applicable)

- Exempt from reporting

37. Name of the Reporting Company that filed the most recent report on behalf of the Reporting Company identified in Part I of this form:

37z. Unknown (check the box if you cannot obtain this information)

Part III. Identification of Beneficial Owner(s)

38. Does the Reporting Company have more than two Beneficial Owners? (check one)

- Yes
- No

39. If you answered yes to line 38, attach an additional page(s) with the information required by lines 18–37 for each additional Beneficial Owner.

Part IV. Identification of the Person Completing this Form

40. Full legal name of person completing this for: _____

41. Title of person completing this form: _____

42. Telephone number of person completing this form: _____

43. Email address of person completing this form: _____

Certification

44. I, the undersigned, certify, under penalty of perjury, that the information provided on this form is true and complete to the best of my knowledge and belief.

45. Signature of person completing this form: _____

46. Date signed (mm/dd/yyyy) _____