



Pierce County Business Licensing
2401 South 35th St, Rm 200
Tacoma, Washington 98409-7484
253-798-7445 | 253-798-2623 fax
www.piercecountyauditor.org

Corporation Appendix

A copy of articles of incorporation must be attached.

Corporate Name: _____

Address of Principle Office: _____

Name of Designated Agent (residing in Pierce County) for service of process in Washington State: _____

Address of Designated Agent for service of process: _____

Designated Business Manager responsible for overall operation of the studio: _____

Please complete the following for each of the Officers, Directors and Shareholders having more than 5% of outstanding shares.

Name _____

Address _____

Phone Number _____ Occupation _____

Number of Shares held by this shareholder _____

Name _____

Address _____

Phone Number _____ Occupation _____

Number of Shares held by this shareholder _____

Name _____

Address _____

Phone Number _____ Occupation _____

Number of Shares held by this shareholder _____

Corporation Appendix Continued

Name _____

Address _____

Phone Number _____ Occupation _____

Number of Shares held by this shareholder _____

Name _____

Address _____

Phone Number _____ Occupation _____

Number of Shares held by this shareholder _____

Name _____

Address _____

Phone Number _____ Occupation _____

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