

EQUITY STRATEGIES LLC

Smart Planning for Business Succession

CONFIDENTIAL BUSINESS QUESTIONNAIRE

Company Information

Company Name: _____

Mailing Address: _____

City: _____

State/Zip: _____

Street Address: _____

City: _____

State/Zip: _____

Primary Contact

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Business Information

1. Type of Entity: C Corporation S Corporation Limited Liability Company, LLC
 General Partnership Limited Partnership Sole Proprietorship Other
 - a. If the Company is an S Corporation, was it ever a C Corporation? Yes No
If yes, when was the most recent "S" election made (date of S election)? _____
2. Principle Business Activity (*please describe*): _____
3. Four digit SIC Code (as many as apply): _____
4. Are any shares of stock in the entity sold on a securities exchange? Yes No
5. State of Incorporation: _____
6. Fiscal Year End: _____
8. EIN: _____
9. Does the Company own any subsidiaries? Yes No If yes, percentage of subsidiary(ies) owned by Company _____%
10. Does the Company have any other affiliates? Yes No If yes, please describe entities and common ownership interest _____

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11. Estimated Value of the Business (most recent valuation or best estimate):

Basis of valuation: *(Please describe)* _____

12. What kind of retirement plan(s) does the company currently have in place? *(Mark all that apply)*

401 (k) Defined Benefit Plan Simple IRA Profit Sharing Plan Money Purchase Plan

SEP Annual employer contribution to retirement plan each of last 3 years: \$_____,
\$_____, \$_____

13. Please attach copies of the previous three years financial statements and federal corporate tax returns

14. Financial Position (for current and future years, estimate to your best judgment):

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
Revenue	_____	_____	_____	_____	_____	_____
EBIT	_____	_____	_____	_____	_____	_____
Income						
Before Taxes	_____	_____	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____	_____	_____
Amortization	_____	_____	_____	_____	_____	_____

Assets:

Current (cash, receivables, inventory): \$_____

Long Term (fixed assets and real estate): \$_____

Total Assets: \$_____

Debt:

	<u>Amount</u>	<u>Terms</u>	<u>Lender</u>
Short Term (line of credit):	\$_____	_____	_____

Term:

Other:

Accumulated Adjustment Account (AAA) Balance: _____(if S corporation)

15. Disposition of Business Interest Upon Death or Disability:

a. Does a business continuation plan exist? Yes No

b. If Yes, how is it funded? If No, is family retention of the business interest desired? _____

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16. How many people would be considered "Key People"? _____

17. Complete the Following Information for each "Key Person":

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Salary</u>	<u>Insured</u> (Yes/No)	<u>Amount</u> (If Insured)	<u>Issuing</u> <u>Carrier</u>

Shareholder Information

1. Number of Shareholders (Estimate if Public): _____

2. Number of >5% Shareholders: _____

3. Number of Classes of Stock: _____

4. For each major shareholder (5% or more), list the following:

<u>Name</u>	<u># Shares</u> <u>Owned</u>	<u>%</u> <u>Owned</u>	<u>Relationship to</u> <u>Other Owners</u>	<u>Length of Time Shares</u> <u>Have Been Held</u>

5. Are there any stock sales pending? Yes No

6. Disposition of Business Upon Retirement of Shareholders:

a. Does an exit strategy exist? Yes No

b. If Yes, how is it funded? Insurance Corporate Sinking Fund Other: _____

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Employee Information

1.

	<u>Number of Employees</u>	<u>Annual W-2 Wages</u>
Total		
Salaried		
Hourly Non-Union		
Hourly Union		
Shareholders		
Family Members of Shareholder		

2. Estimate the Percentage of Your Employee Group Having Employment Service With the Company:
____% 0-6 months ____% 6 months to 1 year ____% 1-3 years ____% 3 years or more

Goals

1. Please describe primary goal(s) of shareholders with respect to their stock in Company:

2. Approximate percentage of corporation you anticipate selling to the ESOP: ____%

Please return the completed questionnaire and financial information to:

Richard C. Mapp, III
Equity Strategies LLC
150 West Main Street, Suite 2100
Norfolk, VA 23510-1609

(757) 624-3285
(757) 624-3169_(fax)