MULTILEVEL DISTRIBUTION SCHEME
REGISTRATION FORM

Please submit to: Louisiana Department of Justice
Consumer Protection Section
P.O. Box 94005
Baton Rouge, LA 70804-9005

Name of Business: _____

_____

We will begin doing business in Louisiana: _____

List the street address of each location where you will actually conduct business in Louisiana. Also list the dates that business will be conducted at each address. _____
_____
_____
_____
_____
_____
_____
_____

List the full name, mailing and permanent address of your authorized agent for service of process within Louisiana. _____
_____
_____
_____
_____

The undersigned agrees that the Department of Justice, Consumer Protection Section, and its representatives, are authorized and invited to attend any and all of its opportunity meetings, recruitment meetings, training sessions, or any other meeting wherein a prospective participant or any participant is explained the marketing system, and are authorized and invited to visit, at any reasonable time, any and all places wherein it keeps files, records data, communication, or information and to inspect same.

List the name, mailing address, and permanent address of each of your distributors in Louisiana. _____

_____

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List the names, addresses, and telephone numbers of the custodians of all files, records, data, communications, or information. _____

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All of the information contained herein must be kept current. Should you plan to continue business at additional locations or obtain new distributors, the information must be supplied to this office.

Supply copies of all documents filed in compliance with Louisiana corporation laws.

Attach a description of your marketing plan, including any written material and product information, which will be used in presenting the plan to prospective participants.

_____
Signature

_____
Title