TAXABLE YEAR Crossel Floation	n for Business T	woodo and	_	CALIFORNIA FORM
<b>-</b>	n for Business T 1 Single Member			3574
Name of entity	<u> </u>		California S	ecretary of State (SOS) file number
DBA				FEIN
Address (suite, room, PO box, or PMB no.)				
City			State	ZIP code
If any of the entity's information has o	changed, complete the s	ection below.		
Name of entity		(	California S	ecretary of State (SOS) file number
DBA				FEIN
Address (suite, room, PO box, or PMB no.)				
City			State	ZIP code
b ☐ Previously existing foreign single memb  2 Effective date of election: month  3 Person whom Franchise Tax Board may call foreign single memb  Name of contact person  Consent Statement and Signature(s)	day year more information:		Telephone	d entity (the same as federal).
<ul> <li>Under penalties of perjury, I (we) declare all of the</li> <li>I (We) consent to the election of the above-nar</li> <li>I am (We are) aware of the filing requirements requirements for a partnership or a disregarde</li> <li>I am (We are) aware that this election is irrevoice</li> <li>I (We) have examined the election and to the b</li> <li>If I am an officer, manager, or member signing behalf.</li> </ul>	ned entity to be classified as indi under Revenue and Taxation Cod d entity. cable. est of my (our) knowledge and b	de Sections 18633 ar	ct, and complet	e.
Member's name (print)	Signature	1	Title	Date