**National Safety Compliance**

SAFETY APP: Osha-SafetyTraining.Net

[WWW.YADASFT.COM](http://www.yadasft.com/)

Do your business meets the Federal Requirement for Safety.?

1. **OSHA-29-CFR 1910 “ ERP “ Emergency Response Plan**.

Accident Investigation, Back Safety, Bloodborne Pathogens Safety, Driving Safety, Electrical Safety, Emergency Planning Safety, Eye Care Safety, Fire Prevention Safety, Forklift Safety, Industrial Ergonomics Safety, Lockout/Tagout Safety Office Ergonomics Safety, Office Safety, Personal Protective Equipment Safety, Respiratory Protection Safety, Right-to-Know Hazcom Safety, Safety Audits, Safety Orientation, Slipt, Trips and Falls Safety, Workplace Violence Safety.

Ten Steps for Developing a “ ERP “

How to have a { Disaster Preparedness } “ Emergency Response Plan “!!!

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YADA LLC

**“ Limited Liability Company “**

Date\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_ of state filing’\_\_\_\_\_\_\_\_\_\_\_\_

LLC Filing Office

I am filing for the development of the process of forming a domestic limited liability company known as a (LLC).

BOX\_\_\_ I am  or  BOX\_\_\_I am not converting another or existing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so please write in the name, which are licensed by the state.

1.)    Printed LLC Articles of organization, with printed sample or specimen with instruction.

Please advise me of any procedures I should be following to obtain this prefilling review; if your office articles of organization for correctress prior to filling.

2.)    With the address and telephone number that I can contact to determine if this proposed limited liability company name is available for my use, also with any addition or other form necessary to reserve an LLC Name;

3.)    With a list of current fees for the (LLC FILING).

4.)    With any other publication (LLC) forms provided your office in regard for forming operating or and dissolving an (LLC) in this state.

5.)    With the name and price of publication that may contains the limited liability company(LLC) statutes of this state. Would you also please indicate whether it can be ordred from your office or, from another office or another supplier.

6.)    Please advise me if there are a fee for any above materials, I have enclosed a self-addressed, stamped envelope for your reply.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your name, address, and phone number

                                                       **Name Reservation Letter**

Date\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Dear LLC Filing Office