

BUSINESS INFORMATION QUESTIONNAIRE

NAME OF COMPANY _____

PRINCIPAL OFFICE ADDRESS _____

TELEPHONE NUMBER _____

FORM OF OWNERSHIP (Check One)

Corporation State of Incorporation/Registration _____

 Date of Incorporation/Registration _____

Limited Liability Company

Joint Venture

Partnership If Partnership, select one of the following: Limited or General

Individual

COMPANY HAS BEEN IN BUSINESS SINCE:

LIST OF PARTNERS, PRINCIPALS, CORPORATE OFFICERS OR OWNERS

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST OF CORPORATE DIRECTORS

Name	Other Than Proposer Directorship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HAVE YOU HAD ANY CONTRACTS TERMINATED FOR DEFAULT OR OTHER PERFORMANCE REASONS?

_____ Yes _____ No If yes explain: _____

ADDITIONAL INFORMATION REQUIRED BY DETROIT WAYNE INTEGRATED HEALTH NETWORK

List of Principal Stockholders (i.e., those holding 5% or more of the outstanding stock)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FINANCIAL DISCLOSURE/CONFLICTS OF INTEREST: Identify any contract(s), including any contract involving an employment or consulting relationship, which the firm, or its partners, principals, corporate officers or owners currently has with Detroit Wayne Integrated Health Network, or with any of its Board Members or Officers.

LATEST CREDIT RATING (SPECIFY IF OTHER THAN DUN AND BRADSTREET)

I hereby certify that the foregoing business information is true, correct and complete to the best of (my/our) knowledge and belief:

Name of Company

By _____
Signature Date

Title: _____