Name: _____ Date: _____

Forms of Business Ownership

B L I M I T E D L I A B I L I T Y C O M P A N Y
N I N L C S H A K A X K F C X A F V Y Q O C G A
F A O Q A P Q D U H C Z H S O B G E Y O G M W G
U O I N O I T A R O P R O C T I F O R P N O N L
C H T L I H P I H S R E N T R A P D E T I M I L
G R A A Q S S V W U V I Y S H L Q J C K K U T U
E P R B L R R J K O N F J O H I J T Q N V O I T
N M O X R E U T X J K Y Y L H T G L W P Q M R O
E I P D Z N A A Z I Z R P E O C I J M Q E K I J
R H R F R T B W U P E G Z P K I M G T Z S B M A
A G O L A R B C G D N T X R G W O G Q L M G U M
L C C U Z A X E L V A B V O H K W L T G Z H L P
P A F T E P D O S J G N F P S F H P C I T V A T
A G L C K K H I S G O U V R M W L C J K J O Z T
R S H S M E H C W B U I I I J R E I A K K H N O
T B D F R M I R J J J F N E B R J W S E Y G G M
N B Z A R L R I D E A Q F T M E C Z M C P V P I
E Z H R S Q D D S L X J T O V T N T H J E Z A R
R S X D M P C Q X F D G D R F E Z E Q B N N L M
S E J X Y R B V R G V I T S M V N A F T C E S N
H W H H Z K S J G A V A X H E Y X T D I P O C E
I X E Y M K D I Y S S D W I W M T H U Y T S W D
P X G D C U X G M G N I C P P D P X V R P S H X
Y O H I L F O E C N A R U S N I H T L A E H S T

Limited liability company
Limited partnership
Joint venture
corporation
Nonprofit corporation
general partnership
partnerships
liscense
sole proprietorship
health insurance
shareholder
benefits