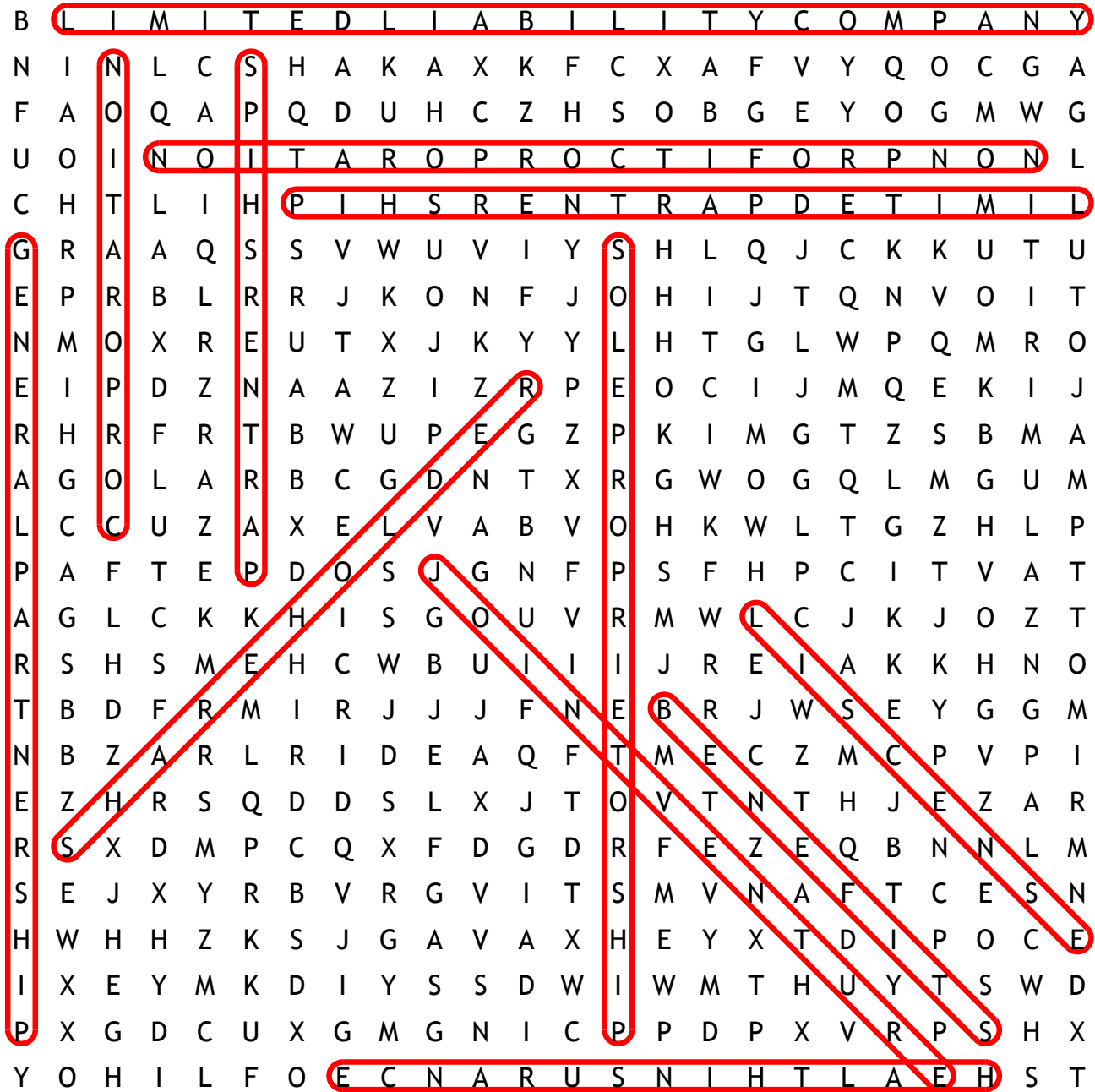


Name: _____

Date: _____

Forms of Business Ownership



license

partnerships

health insurance

sole proprietorship

benefits

shareholder

Joint venture

Nonprofit corporation

Limited partnership

Limited liability company

general partnership

corporation