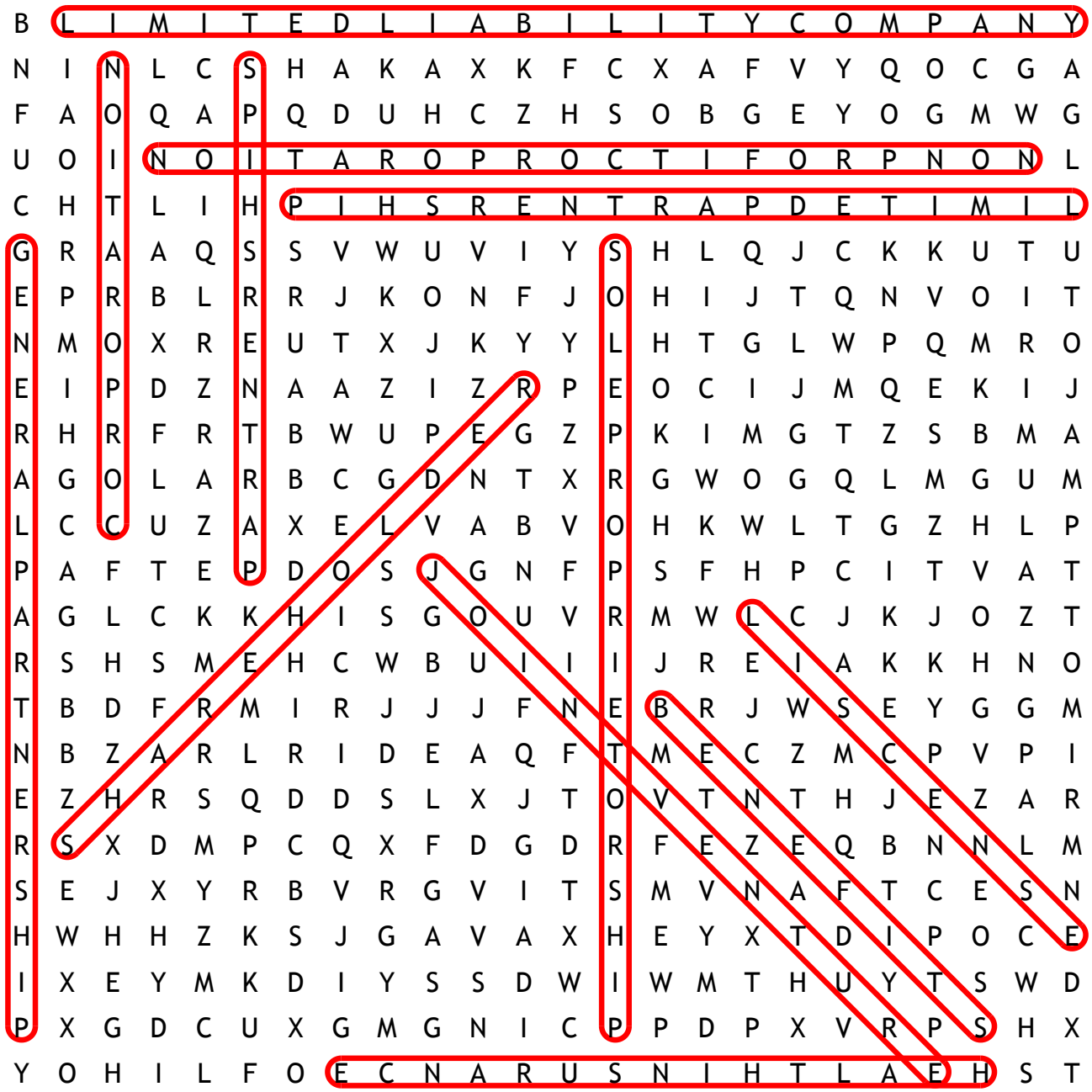
Name: _____ Date: _____

Forms of Business Ownership



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