# Form 2707—General Information (Business Opportunity Exemption Notice Updates)

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. This form and the information provided are not substitutes for the advice and services of an attorney.

## **Commentary**

The information provided in the business opportunity exemption notice can be updated with the secretary of state if there are significant changes to the original exemption notice, including a change in the franchisor's principal address or other names used by the franchisor maintaining exemption. There is no filing fee for these updates.

#### **Instructions for Form**

Name of Franchisor, File Number and Date of Exemption: Provide the legal name of the franchisor who initially filed the exemption, the file number and the date of the initial exemption registration. It is also requested that you provide a current telephone number.

Other Name(s): List all current names under which the franchisor transacts or intends to transact business.

Principal Business Address: Provide the current principal business address of the franchisor.

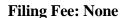
**Payment and Delivery Instructions:** There is no filing fee for submitting an exemption update.

The notice may be mailed to Registrations Unit, P.O. Box 13193, Austin, Texas 78711-3193 or delivered to the James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701.

Revised 05/2016

Form 2707 (Revised 05/16)

Please submit to: Secretary of State Registrations Unit P.O. Box 13193 Austin, TX 78711-3193





This space reserved for office use.

# **Business Opportunity Exemption Notice Update**

The following franchisor is updating a claimed exemption from the business opportunity registration requirements pursuant to Section 51.003(b)(8), Tex. Bus. & Comm. Code.

### Name of Franchisor

Name:		Phone:	
File No.:	Date of Exem	ption:	
	Other Name(s)		
Name:			
Name:			
Name:			
LIST	T ANY ADDITIONAL NAMES ON A SEPARATE .	SHEET	
	Principal Business Address		
Street	City	State Zip	
	Execution		
	he franchisor has continued to comply in ach order or other action of the Federal Tr		
Date:			
	Signature of authorized person	Signature of authorized person for franchisor	
	Printed or typed name of author	rized person	

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