Important: Read instruction	ons before completing form Non-Refundable Processing Fee:	<b>\$70.00</b>	
1. Name of Limited Liability Company:			
2. Purpose:			
3. Who/What is the name	of the Registered Agent (Individual or Business Entity or Commercial Regist	tered Agent)?:	
The address must be listed	d if you have a non-commercial registered agent. See instructions for further	details.	
Address of the Registered			
~*.	Utah Street Address Required, PO Boxes can be listed after the Street Address		
City:	State UT	Zip:	
4. <u>Organizer(s)</u>	The company <u>does</u> <u>does not</u> have organizers who are not members or man	agers of the company.	
5. Name and Address of	1.		
each Organizer who is not a member or	Name		
manager	Address City	State	Zip
(attach additional page if needed)	Signature:	State	Zip
6. Management:	The company will be <u>manager</u> <u>member</u> managed.		
7. Name and Address of  Members/Managers: (attach an additional	1.		
	Name	Position	
	Address City	State	Zip
	Signature:	State	
page if there are more than 2 members and/or	2.		
managers)	Name	Position	
	Address City	State	Zip
	Signature:	~	
8. <u>Duration</u> (may not exceed 99 years)	The duration of the company shall be years.		
	The duration date of the company shall be	_	
9. Principal Address:		•	
	Address City	State	Zip
	all registration information maintained by the Division is classified as public record. It usiness entity physical address rather than the residential or private address of any in		th the
	nership Information: This information is not required.		
Is this a female owned busi	ness? Yes No		
Is this a minority owned bu	siness? Ves No If we please specify:		