



**State of Utah**  
**DEPARTMENT OF COMMERCE**  
**Division of Corporations & Commercial Code**  
**Application for Business Trust**

Non-Refundable Processing Fee:	
<input type="checkbox"/> New Filing	\$22.00

It is your responsibility to check for conflicts with federally registered trademarks. The filing of this name does not guarantee exclusive right to nor protection against unauthorized use of this name,(U.C.A. Sections 16-15-103-105) When approved, your Business Trust is registered for 3 years. The last words of the name must be "BUSINESS TRUST". If printed, must be legible.

1. Requested Business Name: \_\_\_\_\_

2. Duration: \_\_\_\_\_

3. Nature of Business: \_\_\_\_\_

4. Registered Office in Utah: \_\_\_\_\_

Street Address Only City State Zip

5. **Registered Agent:**  Check this box if the name on line 5 is the agent only.

\_\_\_\_\_  
 Print Name of Registered Agent (to whom all mailings will be sent).

\_\_\_\_\_  
 Signature of Registered Agent

Utah

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Zip

**(Utah Street Address Required, PO Boxes can be listed after the street address)**

**6. Authorized Trustee(s) attach additional pages if needed:**

Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

A. \_\_\_\_\_

Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

B. \_\_\_\_\_

Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

C. \_\_\_\_\_

Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

Return fees with two (2) copies of this application to the Division of Corporations. Means of payment are: cash, check, or money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. **If you are faxing you must include, on a cover sheet, the number of a VISA, MasterCard or American Express with the date of expiration.**

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

<b>Mail In:</b> PO Box 146705 Salt Lake City, UT 84114-6705 <b>Walk In:</b> 160 East 300 South, Main Floor <b>Information Center:</b> (801) 530-4849 <b>Toll Free:</b> (877) 526-3994 (within Utah) <b>Fax:</b> (801) 530-6438
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