



**State of Utah
DEPARTMENT OF COMMERCE
Division of Organizations & Commercial Code
Limited Liability Company Statement of Merger**

Non-Refundable Processing Fee: \$37.00

Pursuant to UCA 48-3A-1025, the undersigned parties of the merger execute and deliver the following Statement of Merger:

First: Non-surviving Entities that are Parties to the Merger:

Name of Business Entity: _____

Entity Type: _____ Jurisdiction: _____

Name of Business Entity: _____

Entity Type: _____ Jurisdiction: _____

Name of Business Entity: _____

Entity Type: _____ Jurisdiction: _____

Name of Business Entity: _____

Entity Type: _____ Jurisdiction: _____

Name of Business Entity: _____

Entity Type: _____ Jurisdiction: _____

Additional Business Entities that are Parties to the Merger have been named in an attached Exhibit and made a part hereof.

Second: Surviving Entity

Name of Business Entity: _____

Entity Type: _____ Jurisdiction: _____

Third: Approval Statement

This merger was approved by each domestic merging entity (if any) in accordance with Sections 48-3a-1021 through 48-3a-1026 and by each foreign merging entity (if any) in accordance with the law of its jurisdiction of formation.

Fourth: Surviving Entity Creation/Existence

The surviving entity is created by this Statement of Merger. **The formation document that creates the surviving entity is attached.**

The surviving entity is a Non-registered Foreign Entity.

The surviving entity existed before this Statement of Merger. (select only one option below)

Amendments provided in the plan of merger for the formation document that created the surviving entity that are in the public record **are attached.**

The formation documents remain unchanged.

**Fifth: Mailing Address for Service of Process pursuant to Subsections 48-3a-1026(5) and 16-17-301(2)
(for Non-registered Foreign Surviving Entities ONLY)**

Address: _____

City: _____ State: _____ Zip: _____

Sixth: Required Signatures

Surviving Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Non-surviving Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Non-surviving Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Non-surviving Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Non-surviving Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Non-surviving Entity: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Include complete signatures for any additional Business Entities that have been named in an attached Exhibit.