Important: Read instructions before completing form.		Non-Refundable P	Non-Refundable Processing Fee: \$70.00		
1. Limited Liability Partnership name:					
(Name of Limited Liabilit	y Partnership in the Hon	ne State – see instructions for name requirem	ents)		
2. Jurisdiction of qualification:					
3. Principal office address:					
Street Address Required	Address	City		State Zip	
4. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):					
The address must be listed if you have a non-comm	ercial registered agent.	See instructions for further details.			
Address of the Registered Agent:					
	ah Street Address Req	uired, PO Boxes can be listed after the Str			
City:	_	State UT	Zip:		
5a. Partner Name & Address:	Name:				
(Partners are optional)					
	Street Address				
	-				
	City		State	Zip	
5b. Partner Name & Address:	Name:				
(Partners are optional)					
	Street Address				
	ar.				
C The Limited Liebility Denta eaching a	City	in Titales	State	Zip	
6. The Limited Liability Partnership sha	an use as its name	in Utan:			
Must be the same	as number (1) unless the i	name is not available or permitted in Utah.			
7. Under penalties of perjury and as an author	` .	•	the stateme	ent of change of	
registered office and/or agent, has been examined					
Authorized Signer Signature:		Name & Title:	•		
8. Purpose of the Limited Liability Part	nership:	* ** **			

Under GRAMA {63G-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.