



State of Utah
 Department of Commerce
 Division of Corporations & Commercial Code
 Business Trust Certificate of Registration

Non-Refundable Processing Fee: [] New Filing \$22.00

WARNING: 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). When approved, your Business Trust is registered for 3 years. The last words of the business name must be "BUSINESS TRUST".

Business Name:	_____
Duration:	_____
Nature of Business:	_____
Registered Agent:	_____

	City: _____ State: _____ Zip: _____

Who/What is the name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent)?:

The address must be listed if you have a non-commercial registered agent. See instructions for further details.
 Address of the Registered Agent: _____
Utah Street Address Required, PO Boxes can be listed after the Street Address
 City: _____ State UT Zip: _____

Authorized Trustee: List the individual or business entity that will act as the Trustee for on the name line.	Name: _____
	Entity Number (if a registered business): _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Under penalties of perjury, I declare that this Business Trust Application has been examined by me and is, to the best of my knowledge and belief, true, correct and <i>complete</i> .

Signature:

Authorized Trustee: List the individual or business entity that will act as the Trustee for on the name line.	Name: _____
	Entity Number (if a registered business): _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Under penalties of perjury, I declare that this Business Trust Application has been examined by me and is, to the best of my knowledge and belief, true, correct and <i>complete</i> .

Signature:

IF NEEDED, YOU MAY USE AN ATTACHED SHEET FOR ADDITIONAL TRUSTEES

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.

Optional Inclusion of Ownership Information: This information is not required.

Is this a female owned business? Yes No

Is this a minority owned business? Yes No If yes, please specify: