



State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Statement of Partnership Authority (General Partnership)

Important: Read instructions before completing form.

Non-Refundable Processing Fee: \$22.00	
1. General Partnership Name:	
2. Principal office address:	_____ Address City State Zip
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): _____ <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> Address of the Registered Agent: _____ Utah Street Address Required, PO Boxes can be listed after the Street Address City: _____ State UT Zip: _____	
4a. Authorized Partner: (Partners are optional)	Name: _____ Street Address _____ City _____ State Zip _____
4b. Authorized Partner: (Partners are optional) (attach additional pages if needed to list more partners)	Name: _____ Street Address _____ City _____ State Zip _____
5. Under penalties of perjury and as an authorized party, I declare that this application has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Authorized Signature: _____ Name & Title: _____	
6. Purpose: (optional)	
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	
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: