



State of Utah  
 Department of Commerce  
 Division of Corporations & Commercial Code  
 Tribal Registration Statement (Limited Liability Partnership)

**Important: Read instructions before completing form.**

**Non-Refundable Processing Fee: \$70.00**

<b>1. Limited Liability Partnership name:</b> The last words of the name must be "Limited Liability Partnership" or <b>LLP</b> . <hr/> (Name of Limited Liability Partnership in the Home State – <a href="#">see instructions for name requirements</a> )	
<b>2. Tribal nation of qualification:</b>	<hr/>
<b>3. Principal office address:</b>	<hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div>
<b>4. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):</b> <hr/> <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> <b>Address of the Registered Agent:</b> <hr/> <div style="text-align: right; font-size: small; color: red;"> <b>Utah Street Address Required, PO Boxes can be listed after the Street Address</b> </div> <b>City:</b> <hr/> <div style="display: flex; justify-content: flex-end; font-size: small;"> <span>State UT</span> <span>Zip:</span> </div>	
<b>5a. Partner Name &amp; Address:</b> <b>(Partners are optional)</b>	Name: <hr/> <hr/> Street Address <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
<b>5b. Partner Name &amp; Address:</b> <b>(Partners are optional)</b>	Name: <hr/> <hr/> Street Address <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
<b>6. The Limited Liability Partnership shall use as its name in Utah:</b> <hr/> Must be the same as number (1) unless the name is not available or permitted in Utah.	
<b>7. 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.</b>	
<b>Authorized Signer Signature:</b>	<b>Name &amp; Title:</b>
<b>8. Purpose of the Limited Liability Partnership:</b> (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 entity.	
<b>Optional Inclusion of Ownership Information: This information is not required.</b>	
Is this a female owned business?	Yes                      No
Is this a minority owned business?	Yes                      No                      If yes, please specify: