Important: Read instructions before completing form.

1. Limited Partnership name:					
(Name of Limited	Partnership in the	e Home St	ate – see instructions for name requirements)		
2. Tribal nation of formation:		71101110 20	see instructions for name requirements,		
3. Principal office address:					
5. Timelpar office address.	Address		City	State	Zip
4. The name of the Registered Agent		Busine	ess Entity or Commercial Registered Agent		
The address must be listed if you have a non-co	ommercial register	ed agent.	See instructions for further details.		
Address of the Registered Agent:					
G.	Utah Street Add	dress Req	uired, PO Boxes can be listed after the Street Addre		
City:			State UT Zip	:	
5a. Partner Name & Address:	Name:				
	Street Addre	ss			
51. Danta an Nama O Addanana	City		State	Zip	
5b. Partner Name & Address:	Name:				
	Street Addre	SS			
	City		C4-4-	7:-	
6 The Limited Doutneyship shall use		Utahı	State	Zip	
6. The Limited Partnership shall use	as its name in	Otan:			
Must be the sa	ame as number (1) i	unless the i	name is not available or permitted in Utah.		
			re that this application, and if applicable, the state	ment of c hanc	TA OF
			est of my knowledge and belief, true, correct, and co		3C 01
Authorized Signer Signature:	Nam		e & Title:		
8. Purpose of the Limited Partnershi	p:				
			he Division is classified as public record. For confide or private address of any individual affiliated with the		es,
Optional Inclusion of Ownership Information				circity.	
Is this a female owned business?	Yes	No	*		
Is this a minority owned business?	Yes	No	If yes, please specify:		

Non-Refundable Processing Fee: \$70.00