## Important: Read instructions before completing form

## Non-Refundable Processing Fee: \$54.00

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1. Name of Limited Liability	y Company:						
2. Principal office address:							
Street Address Required		Address		City		State	Zip
3. Limitation on liabilities of the series		The company has	has not	established a series at this time.			
4. The name of the Register	ed Agent (Ind	ividual or Business En	tity or Comme	ercial Registered Agent):			
The address must be listed if	you have a noi	n-commercial registered	d agent. See in	structions for further details.			
Address of the Registered A							
ridaress of the registered ri				Boxes can be listed after the Street Add	ress		
City:				State UT	Zip::		
5. Name and signature of O	rganizer ( <mark>atta</mark>	ch additional pages if nee	ded)			-	
Name:			Signature:				
6. Name and Address of Members and/or Managers (optional):	1.						
	Name			_		Position	
	Address			City		State	Zip
	2						
	Name					Position	
	Address			City		State	Zip
7. Duration (optional);		The duration of the	company sha	v			•
		The duration of the company shall be perpetual					
		The duration of the company shall be					
8. 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 entity.