Important: Rea	d instructions befo	ore completing form						
1. Exact Name o	f Foreign Limited L	iability Company:						
2. Tribal Nation	of Formation:	•						
3. Principal offic	e address:							
		Address City			State Zip			
4. Professional S	ervice Provided:							
5. The name of t	he Registered Agent	(Individual or Business	Entity or Commerc	ial Registered Agent):				
The address must be	e listed if you have a no	n-commercial registered age	nt. See instructions for	further details.				
Address of the Reg	istered Agent:		l pop					
a.		Utah Street Address Requi	ired, PO Boxes can be	listed after the Street Addre				
City:			_		State UT	Zip:		
6. The Limited I	Liability Company s	hall use as its name in Ut	ah:					
		Iust be the same as number	(1) unless the name is	not available or permitted in	n Utah.			
7. Purpose of the (optional)	Limited Liability (Company:						
8. Managers/Me (optional)	mbers of the Limite	d Liability Company:						
Position	Name	Address			City		State	Zip
MANAGER:								
MANAGER:								
MEMBER:								
MEMBER:								
Under penalties of		this application for authori	ty to transact business	has been examined by me a	nd is, to the b	est of my kn	owledge ar	ıd belief,

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.

Name & Title:

Authorized Signature: