Important: Read instructions before completing form					Non-Refundable Processing Fee: \$54.00		
1. Name of Limited Liability	y Company:						
2. Principal office address: Street Address Required PO Box can be listed after Street Address							
		Address			City	State	Zip
3. The name of the Registere	ed Agent (Indi	ividual or Business Entir	y or Commerci	ial Registered Agent):			
The address must be listed if y	•	ı-commercial registered (	igent. See instr	uctions for further details.			
Address of the Registered Ag		Utah Stroot Address Do	anirad PO Rox	xes can be listed after the Stree	ot Addross		_
City:		Utali Street Audress Ac	quireu, i O Box	es can be used after the Street	State UT	Zip:	
4. Signature of Organizer							
Signatu	ıre:						
5. Name and Address of Members and/or Managers (optional):	1.						
	Name					Position	
	Address			City		State	Zip
				City		State	Zīþ
	2 Name					Position	
					·····		
	Address			City		State	Zip
6. Duration (optional):		The duration of the co	mpany shall b	e perpetual			
		The duration of the co	ompany shall b	e			
7. Purpose (optional):							
				sion is classified as public reco s of any individual affiliated w		ty purposes, you	ı may use
<b>Optional Inclusion of C</b>	Ownership !	Information: This	information	is not required.			
Is this a female owned b	Yes	No					
Is this a minority owned business?		Yes	No	If yes, please specify:			