mportant: Read Instruc	tions befor	e completing form	I	Non-Ke	lundable Processing	ree: \$70.00
1. Name of Limited Liability	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	d Agent (Indi	vidual or Business Ent	ity or Commerc	ial Registered Agent):		
The address must be listed if y Address of the Registered Ag	ent:					
		Utah Street Address R	equired, PO Box	tes can be listed after the Street Address		
City: State UT Zip:						
4. Signature of Organizer						
Signatu	re:					
5. Name and Address of Members and/or Managers (optional):	1.					
	Name				Position	
	4.11			C'	61.4	
	Address			City	State	Zip
	2 Name				Position	
	Address			City	State	Zip
6. Duration (optional):		The duration of the c	ompany shall b	e perpetual		
		The duration of the c	company shall b	e		
7. Purpose (optional):						
				on is classified as public record. For conany individual affiliated with the entity.	fidentiality purposes, you	may use the
Optional Inclusion of O	wnership l	Information: This	information	is not required.		
Is this a female owned business?		Yes	No			
Is this a minority owned business?		Yes	No	If yes, please specify:		