



State of Utah  
 Department of Commerce  
 Division of Corporations & Commercial Code  
 Application for Tribal Limited Liability Partnership

An Original Certification of Fact or Good Standing from the Office of the Secretary of State, or other responsible Authority of the State in which the Limited Liability Partnership is formed, must accompany this application.

**Non-Refundable Processing Fee:** [ ] **New Filing \$22.00** When approved, your Limited Liability Partnership is registered for one (1) year.

**1. Limited Liability Partnership name:** The last words of the name must be "Limited Liability Partnership" (LLP).  
 \_\_\_\_\_  
 (Name of Limited Liability Partnership in the Home State)

**2. This Limited Liability Partnership from the tribal nation of:** \_\_\_\_\_

**3. Date of formation or organization:** \_\_\_\_\_

**4. Business Purpose:** \_\_\_\_\_

**5. Principal Address:**  
 \_\_\_\_\_  
 Street Address Only  
 \_\_\_\_\_  
 City State Zip

**6. Who/What is the Registered Agent (Individual or Business Entity or Commercial Registered Agent)?:**  
 \_\_\_\_\_

The address must be listed if you have a non-commercial registered agent. See instructions for further details.

**Address of the Registered Agent:** \_\_\_\_\_  
**Utah Street Address Required, PO Boxes can be listed after the Street Address**  
**City:** \_\_\_\_\_ **State UT** **Zip:** \_\_\_\_\_

**7. Minimum 2 Partners:** \_\_\_\_\_ **Authorized Partner(s) attach additional pages if needed:**

**8. General Partner Name & Address:**  
 Name: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City State Zip  
**Signature:** \_\_\_\_\_

**8b. General Partner Name & Address:**  
 Name: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City State Zip  
**Signature:** \_\_\_\_\_

**9. The Limited Liability Partnership shall use as its name in Utah:** Must be the same as number (1) unless the name is not available in Utah.

**10. Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.**

**Authorized Signer Signature:** \_\_\_\_\_ **Name & Title:** \_\_\_\_\_

Under GRAMA {63-2-201}, 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.

**Optional Inclusion of Ownership 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: