Important: Read instructions before completing form.

Non-Refundable Processing Fee: \$22.00 1. General Partnership Name: 2. Principal office address: Address City Zip 3. The name of 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: 4a. Authorized Partner: Name: ___ (Partners are optional) Street Address City State Zip 4b. Authorized Partner: Name: __ (Partners are optional) Street Address (attach additional pages if needed to list more partners) City State Zip 5. Under penalties of perjury and as an authorized party, I declare that this application has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. **Authorized Signature:** Name & Title: 6. Purpose: (optional) 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: