

Navajo Nation  
Division of Economic Development  
Post Office Box 663  
Window Rock, AZ 86515



Business Regulatory Dept  
(928) 871-7365  
871-6714  
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**NAVAJO NATION LIMITED LIABILITY COMPANY ACT**

APPLICATION FOR REGISTRATION  
OF A FOREIGN LIMITED LIABILITY COMPANY

1. The name of the foreign limited liability company is:  
\_\_\_\_\_
  
- 1.a. If the exact name of the foreign limited liability company is not available for use in the Navajo Nation, then the fictitious name adopted for use by the limited liability company in the Navajo Nation is:  
\_\_\_\_\_
  
2. The company is organized under the laws of the State of \_\_\_\_\_.
  
3. The date of the company's formation is: \_\_\_\_\_
  
4. The purpose of the company or the general character of business it proposes to transact in the Navajo Nation is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. The name, street address and mailing address of the statutory agent for the foreign limited liability company within the Navajo Nation is:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Address \_\_\_\_\_

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, \_\_\_\_\_, having been designated to act as statutory agent,  
(Print Name)  
hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Navajo Nation Limited Liability Company Act.

Signature: \_\_\_\_\_

\_\_\_\_\_  
If signing on behalf of a company, please print company name here.

6. Management Structure (select option A or B):

- A.  Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: _____	Name: _____
<input type="checkbox"/> member <input type="checkbox"/> manager	<input type="checkbox"/> member <input type="checkbox"/> manager
Address: _____	Address: _____
_____	_____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
<input type="checkbox"/> member <input type="checkbox"/> manager	<input type="checkbox"/> member <input type="checkbox"/> manager
Address: _____	Address: _____
_____	_____
City, State, Zip: _____	City, State, Zip: _____

- B.  Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City, State, Zip: _____	City, State, Zip: _____

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City, State, Zip: _____	City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (Check One) Member Manager Authorized Agent

Federal Employer ID Number (FEIN): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_