

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



Business Regulatory Dept
(928) 871-7365
871-6714
Fax: (928) 871-7381
www.navajobusiness.com

NAVAJO NATION LIMITED LIABILITY COMPANY ACT

ANNUAL REPORT (5 NNC § 3630)

For Fiscal Year Ending _____

All information must be completed and the required fee submitted, or this document will not be accepted for filing.

File No.: _____
(Office Use Only)

1. LLC's Name: _____

(Name must match the name on file with the Navajo Nation)

2. Street and Mailing address of the LLC's designated office:

Address

City

State

Zip

3. Name of the LLC's Agent for Service: _____

4. Street and Mailing address of the LLC's Agent for Service:

5. Names of the Manager/Members:

6. Street and mailing address of the manager:

7. Phone Number: _____

8. Federal Employer ID Number (FEIN): _____

I declare under penalty of perjury pursuant to the laws of the Navajo Nation that the foregoing is true and correct and that I have remitted the required fee. **(Do not leave blank.)**

Signature Check One Manager Member

Date: (month, day, year)

Print Name