



NAVAJO NATION LIMITED LIABILITY COMPANY ACT

APPLICATION FOR REGISTRATION OF A
LOW-PROFIT LIMITED LIABILITY COMPANY

1. The name of the low-profit limited liability company L3C is:

- 1.a. If the exact name of the L3C is not available for use in the Navajo Nation, then the fictitious name adopted for use by the L3C in the Navajo Nation is:

2. The company is organized for a business purpose that satisfies and at all times operates to satisfy each of the requirements under Title 5 N.N.C. §3620A.
3. The date of the company's formation is: _____
4. The purpose of the L3C 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 initial agent for the L3C within the Navajo Nation is:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
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 Low-Profit Limited Liability Company Act.

Signature: _____

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

- A. Management of the L3C 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 L3C are:

Name: _____

Name: _____

member manager

member manager

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Street Address: _____

Name: _____

Name: _____

member manager

member manager

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Street Address: _____

- B. Management of the L3C is reserved to the members. The names and addresses of each person who is a member are:

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Street Address: _____

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Street Address: _____

7. The street and mailing address and phone number of its designated office:

Mailing Address: _____ Phone Number: _____

City, State, Zip: _____

Street Address: _____

8. The street and mailing address and phone number of the initial designated office in the Navajo Nation.

Mailing Address: _____ Phone Number: _____

City, State, Zip: _____

Street Address: _____

Executed this _____ day of _____, _____

Executed by: _____ Print Name: _____

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

Phone Number: _____ Fax Number: _____