DEPARTMENT OF COMMERCE

BUSINESS NAME REGISTRATION/or DBA APPLICATION

It is your responsibility to check for conflicts with federally registered trademarks. Registration of this name does not guarantee exclusive right to nor protection against unauthorized use of this name.

When approved, your business name is registered for 3 years

Do not use this form if this business will need new state tax registration

1. Requested Business Name Mormon Historic Sites Foundation

2. Nature of Business Non-profit corporation - preservation of historic sites

3. Business Address 10 Exchange Place, 11th Fl SLC UT 84111
   Street City State Zip

4. **THIS SECTION MUST BE COMPLETED:**

Kim R. Wilson
Print Name of Registered Agent (to whom all mailings will be sent.) Must be a **UTAH RESIDENT.**

Signature of Accepting Agent

(801) 322-9154
Daytime Phone Number

736 Northview Circle, Salt Lake City UTAH 84103
Street Address **ONLY** City Zip

INFORMATION ABOUT YOU, THE APPLICANT:

A. If you are a corporation, limited partnership or limited liability company, you must be in good standing and incorporated, or be registered or qualified in the state of Utah.
B. If you are a general partnership, your general partnership name must also be registered with this office.
C. If you are not a corporation and not a partnership and not a new business, this application is the only one you must file for a business name. Additional forms may be required for tax purposes for a new business.

5. **APPLICANT INFORMATION:**

If the name of the agent above is also the applicant, Please write "Same As Above": _____

Ensign Peak Foundation
If Applicant is business entity, Please print name of business.

Individual Person Name

10 Exchange Place, 11th Fl. Salt Lake City, UT 84111
Address City State Zip

Signature and Title Kim R. Wilson, Secretary

If Applicant is business entity, Please print name of business.

Individual Persons Name

Address City State Zip

Signature and Title

FEE $20.00

STATE OF UTAH
DIVISION OF CORPORATIONS
AND COMMERCIAL CODE
160 East 300 South P.O. Box 45801
Salt Lake City, Utah 84145-0801
Phone Number (801) 530-4849
Fax (801) 530-6438

DEC 17 1996

Division of Corporations and Commercial Code
I hereby certify that the foregoing has been filed and approved on the 17 day of Dec 96 in the office of this Division and hereby issue this Certificate thereof.

Examiner _____ Date 12-17-96

KORLA T. WOOD
Division Director

Revised 11/94
corpadba\dbaform.mb/94

IF NEEDED, YOU MAY USE AN ATTACHED SHEET FOR ADDITIONAL APPLICANTS.