



STATE OF MONTANA

Prepare, sign, submit with an original signature and filing fee
This is the minimum information required

TERMINATION of LISTING of COMMERCIAL REGISTERED
AGENT [35-7-107, MCA](https://www.mca.com)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

(This space for Secretary of State use only)

Required Filing Fee: None
 24 Hour Priority Handling check box and **Add \$ 20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Folder ID Number: _____
The folder number begins with a "D, F, C, E" or "L" and
may be referenced at <https://www.mtsosfilings.gov>.

If the document is hand written, please print legibly or the application may be denied.

1. The exact name of the Commercial Registered Agent as currently listed:

2. The agent is no longer in the business of serving as a commercial registered agent in the State of Montana.
3. The commercial registered agent shall promptly furnish each entity represented by it with notice in a record of the filing of the commercial registered agent termination statement.
4. A commercial registered agent termination statement takes effect on the 31st day after the day on which the statement was filed with the Secretary of State's Office.
5. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Commercial Registered Agent or Authorized Agent Date

Printed Name Title

6. Daytime Contact: Phone _____ Email _____