

STATE OF MONTANA

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

ARTICLES of AMENDMENT for PROFIT CORPORATION 35-1-230 MCA



(This space for use by the Secretary of State only)

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

Required Filing Fee: \$15.00 [ ] 24 Hour Priority Handling check box and Add \$20.00 [ ] 1 Hour Expedite Handling check box and Add \$100.00

- 1. The current name of this Corporation is:
2. The following amendment was adopted in the manner provided for by the Montana Business Corporation Act (35-1-230 MCA):

(Please attach additional sheets of paper if more room is needed.)

3. The date this amendment was adopted (cannot be a future date): (Month/Day/Year)

4. Check the appropriate box and provide additional information where requested. (Check only one box.)

- [ ] This amendment was adopted by the Incorporators or the Board of Directors. A vote of the shareholders was not required.
[ ] This amendment was adopted by a sufficient vote of the shareholders. The total number of shares outstanding and entitled to vote was: and (must complete either "a" or "b" below): (# outstanding, percentages unacceptable)
a) There were votes cast for the amendment and votes cast against the amendment. (# votes for, percentages unacceptable) (# against, percentages unacceptable)
OR
b) There were undisputed votes cast for the amendment. (# undisputed, percentages unacceptable)

Voting Groups: Pursuant to 35-1-230(6)(b), MCA, include on an additional sheet of paper, either the total number of votes cast for and against the amendment by each voting group entitled to vote separately on the amendment or the total number of undisputed votes cast for the amendment by each voting group that was sufficient for approval by that voting group.

5. I HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this document are true.

Signature of Officer or Chair of the Board Title Date
Daytime Contact: Phone Email

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

## Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

**DO NOT STAPLE PAYMENT TO FILING FORM**