

STATE OF MONTANA

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

CERTIFICATE of FOREIGN BUSINESS TRUST APPLICATION (35-5-201, 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 PHONE: (406) 444-3665 FAX: (406) 444-3976 WEB SITE: sos.mt.gov

Required Filing Fee: \$70.00 [] 24 Hour Priority Handling check box & Add \$20.00 [] 1 Hour Expedite Handling check box & Add \$100.00

1. The name of the Business Trust: _____

2. It is created under the laws of the state of: _____ and hereby attaches a currently dated (within 6 months) Certificate of Existence from that state and an executed copy of its articles, declarations of trust, or trust agreement and all amendments thereto, or a true copy thereof certified to be such by a trustee of the trust before an official authorized to administer oaths or by a public official of another state, territory, or country in whose office an executed copy thereof is on file (35-1-1028, MCA).

3. The date of its creation was: _____ and the period of duration is: _____

4. The business mailing address of the principal office: _____

5. The name and address of the registered office/agent in Montana: Appointment of the Registered Agent is confirmation of the agent's consent.

Name: _____

Street Address (required): _____

Mailing Address (if different from street address) _____

City: _____ State: MT Zip Code: _____

Signature of Registered Agent: _____

6. A description of the business the business trust intends to transact: _____

7. The names and business mailing addresses of its current trustees (attach a list if necessary): _____

8. The business trust certifies that it consents to all the license laws and other laws of the state of Montana relative to foreign corporations and has consented to be sued in the courts of this state, upon all causes of action arising against it in this state and that service of process may be made upon some person, a citizen of this state whose principal place of business is designated in this certificate.

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

Signature of Trustee Printed Name and 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