



Crow Country

**MONTANA CROW TRIBE OF INDIANS/APSALOOCHE NATION  
FINANCING STATEMENT FORM  
FILING FEE=\$7.00**

**SEND ACKNOWLEDGEMENT TO:**

**Name**

**Address**

This space is for filing use only

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**1. DEBTOR'S Exact Full "Legal" Name - only one debtor name (1a or 1b)**

or	1a. Organization Name				
	1b. Individual's Last Name	First Name	Middle Name	Suffix	
1c. Mailing Address		City	State	Postal Code	Country
1d. Refer to Instructions	1e. Type of Organization	1f. Jurisdiction of Organization		1g. Organizational ID#, if any <input type="checkbox"/> None	

**2. Additional DEBTOR'S Exact Full "Legal" Name - only one debtor name (2a or 2b)**

or	2a. Organization's Name				
	2b. Individual's Last Name	First Name	Middle Name	Suffix	
2c. Mailing Address		City	State	Postal Code	Country
2d. Refer to Instructions	2e. Type of Organization	2f. Jurisdiction of Organization		2g. Organizational ID#, if any <input type="checkbox"/> None	

**3. SECURED PARTY'S Name - only one secured party name (3a or 3b)**

or	3a. Organization's Name				
	3b. Individual's Last Name	First Name	Middle Name	Suffix	
3c. Mailing Address		City	State	Postal Code	Country

**4. This UCC FINANCING STATEMENT Covers the Collateral Described Below.**

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**5. Optional Filer Reference**



**PLEASE TYPE THIS FORM:** At least a 10-point typed font must be used when completing the form.

**RETURN NAME/ADDRESS:** Type the name and address where you want the Secretary of State's office to return your confirmation letter.

**VERIFY INFORMATION:** Before submitting the UCC Financing Statement to our office, verify the information you entered for accuracy and correct spelling.

**DEBTOR NAME (1a or 1b, 2a or 2b):** Enter only one Debtor name per section. The debtor name can be an organization (business entity) or an individual's name but it cannot be both. Enter the Debtor's true and correct name. Do not abbreviate.

**DEBTOR ADDRESS (1c or 2c):** Enter the debtor's mailing address including city, state and zip code.

**ORGANIZATION DEBTOR:** "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If the Debtor is a partnership, enter exact full legal name of partnership. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine debtor correct name.

**INDIVIDUAL DEBTOR:** "Individual" means a natural person; this includes a sole proprietorship, whether or not the individual is operating under a trade name. Do not use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use a married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in the Last Name box, first given name in the First Name box, and all additional given names in the Middle Name box.

**THESE SECTIONS ARE RESERVED FOR FUTURE USE 1d, 2d**

**ORGANIZATIONAL INFORMATION 1e, 1f, 1g, 2e, 2f & 2g:**

These fields must be completed if the debtor is an organization. Type of organization, jurisdiction of organization, organizational ID and debtor's exact legal name can be determined from the Debtor's current filed charter documents. Type of organization refers to the type of entity such as a "corporation" or "limited liability company." The jurisdiction of organization is the state in which the charter documents were filed. And the organizational ID number, if any, is the folder number assigned by the agency filing the charter documents.

**SECURED PARTY NAME (3a or 3b):** Enter the secured party's name in either 1e or 2e but do not complete both fields.

**SECURED PARTY ADDRESS (3c):** Enter the secured party's mailing address including city, state and zip code.

**COLLATERAL DESCRIPTION (4):** Use this field to indicate the collateral subject to the security interest for this UCC Financing Statement.

**OPTIONAL FILER REFERENCE:** This space is optional. The filer may enter any identifying information such as the secured party's loan number.

**LIEN DURATION:** A UCC Financing Statement is effective for a period of five years unless extended by filing a continuation statement with the filing office.

**CONFIRMATION LETTER:** A system derived confirmation letter will be returned to you to retain with your records. Please verify the information appearing in the letter is accurate and there are no misspellings. If you discover a problem, please contact our office immediately at (406) 444-2468.

**FILING FEE:**

UCC Financing Statement = \$7.00

**PHYSICAL/MAILING ADDRESS:** Montana Secretary of State, Attn: UCC, 1301 6<sup>th</sup> Avenue, State Capitol, 2<sup>nd</sup> Floor, Room 206, Helena, MT. 59601 or PO Box 202801, Helena, MT. 59620-2801

**WEB ADDRESS:** [sos.mt.gov](http://sos.mt.gov)

**UCC DIRECT LINE:** (406) 444-2468

**FAX NUMBER:** (406) 444-3976