

STATE OF MONTANA

Prepare, sign, submit with an original signature and filing fee.

This is the minimum information required.

RESERVATION of NAME APPLICATION

(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



Filing Fee: \$10.00

- 24 Hour Priority Filing Add \$20.00
1 Hour Expedite Filing Add \$100.00

PLEASE CHECK ONE BOX:

- Assumed Business Name (30-13-211, MCA)
Corporation (35-2-306, MCA)
Limited Liability Partnership (30-13-211, MCA)
Limited Partnership (35-12-506, MCA)
Limited Liability Company (35-8-104, MCA)

1. The business name to be reserved is:

2. The date the applicant intends to commence business:

For Assumed Business Name Reservation Only

3. The name and address of the applicant is as follows:

Name:

Mailing Address:

City: State: Zip Code:

4. A description of the business the applicant intends to transact:

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

Signature of Applicant Date (Mo/Day/Year)

Printed Name and Title of Applicant

NOTE:

This business name reservation does not authorize the entity to transact business in the State of Montana.

A name reservation only holds the name for future use, not current use.

The name reservation will expire either (whichever comes first):

- 120 days from the date of filing OR
When the entity files the necessary documents and fees to register the name and structure for active use

Name Reservations are not renewable.

HELP SHEET: Reservation of Name Application

Use this form to verify the availability of a proposed business name. If the name is not similar to another business name already on file, the Secretary of State will reserve the name for your exclusive use.

Use this form only if you have not filed, or are not currently filing, organizational documents such as:

- Registration of Assumed Business Name,
- Registration of Limited Liability Partnership
- Certificate of Limited Partnership,
- Articles of Incorporation, or
- Articles of Organization.

If the name of your business is not a partnership, corporation, or another such association and does not include the full legal name of each owner, the business name must be registered as an Assumed Business Name (ABN). Nicknames are not considered part of an individual's legal name and any business name using such must register an ABN. ([30-13-201, MCA](#))

ITEM 1

When listing the name to be reserved, please type or print clearly. Emphasize the spaces in the name, especially between initials.

An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is or incorrectly implies that it is a type of entity other than the type of entity that it is. ([30-13-202, MCA](#))

A fictitious name may be registered if the corporate name of a foreign corporation is unavailable for use in Montana. ([35-2-305, MCA](#))

ITEM 2

A name may only be reserved for up to 120 days before the business intends to commence. ([30-13-211, MCA](#))

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 Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial 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.

PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an **additional** \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an **additional** \$100.00 with your filing 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 at (406) 444-3665.