

INSTRUCTIONS

APPLICATION FOR REGISTRATION OF ASSUMED BUSINESS NAME [30-13-203, MCA](#)

IT IS YOUR RESPONSIBILITY TO FULLY READ THESE INSTRUCTIONS PRIOR TO COMPLETING THE APPLICATION FOR REGISTRATION OF ASSUMED BUSINESS NAME

GENERAL INFORMATION: Any person transacting business in Montana under an Assumed Business Name (ABN) shall file with the Secretary of State an Application for Assumed Business Name Registration on a form provided by the Secretary of State's office. One application form must be filed per ABN. The filing fee is \$20.00. Please refer to the form for mailing instructions, and other general information. If you wish to have priority or expedite handling, please refer to the website www.sos.mt.gov for instructions.

PLEASE NOTE - REPROCESSING FEES – Business Services documents rejected and resubmitted for processing will be assessed a reprocessing fee at 50% of the initial filing fee. The reprocessing fee will help offset operating costs associated with reprocessing the document. To avoid repaying the full required filing fee, the rejection letter accompanying your returned document must be returned with your resubmitted document.

Item No. 1: Enter the ABN exactly as you use it when conducting business with the public. Do not use words with corporate identifiers such as "Inc.," "Corporation," "LLC," or "Company" unless the applicant is a corporation or LLC already registered with the Secretary of State's office. Please note: You may not apply for an ABN using an identifier that incorrectly states the type of entity that it is ([30-12-202, MCA](#)).

Item No. 2: Describe the business transacted under the ABN, i.e., retail, construction, general services, or any lawful activity.

Item No. 3: Enter individual's name or entity name of applicant, along with the business mailing address, and mark one of the boxes indicating the applicant type, i.e., individual is sole proprietor, or the name of a registered LLC, LP, LLP, LLLP or corporation. If applicant type is a partnership or association, please attach a list of the names of all the partners or members along with their business mailing addresses.

Item No. 4: Signature of Applicant: Please note all partnerships and LLP applicants must have at least two signatures. If you are signing on behalf of the applicant, please include your title, i.e., power of attorney, attorney in fact.

Item No. 5: Please be aware that all filings with this office are public records, and are available upon request via the Secretary of State's website. Your phone number and e-mail address, if entered, will be part of the public record. Do not include your Social Security Number on form.



STATE OF MONTANA

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

(This space for Secretary of State use only)

APPLICATION for REGISTRATION of ASSUMED BUSINESS NAME
[30-13-203, MCA](#)

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

Required Filing fee: \$20.00
 24 Hour Priority Handling check box and **Add \$20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.
If the document is hand written, please print legibly or the application may be denied.

1. The complete proposed Assumed Business Name:

NOTE: 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](#)

2. The description of business transacted under the proposed Assumed Business Name:

3. The name and business mailing address of the applicant:

Name: _____

- Check only one:** Corporation Limited Liability Company Limited Liability Partnership Limited Partnership
 Association (**attach the names and business mailing addresses of all the members**)
 A Partnership (**attach the names and business mailing addresses of all the partners**)
 Individual

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Applicant (**all Partnerships and LLPs must have at least two signatures**) _____ Date _____

Printed Name _____ Title _____

5. Daytime Contact: Phone _____ Email _____