

# STATE OF MONTANA

RENEWAL of  
ASSUMED BUSINESS NAME  
APPLICATION  
MCA [30-13-207](#)



**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](http://sos.mt.gov)

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

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

**Required Filing fee: \$20.00**

- 24 Hour Priority Handling check box & **Add \$20.00**  
 1 Hour Expedite Handling check box & **Add \$100.00**

1. The Assumed Business Name is:

NOTE: Must be identical to the business name as currently registered with the Montana Secretary of State's office.

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

3. The name and business mailing address of all applicants. *The names must correspond with the names currently registered with the Montana Secretary of State's office or you will also need to file an [Assumed Business Name Amendment](#).* For additional names and business mailing addresses attach a separate sheet of paper.

- If the ABN is owned by an individual or husband & wife (as an individual), you will need to list their names & business mailing addresses.
- If the ABN is a partnership or association, you will need to list the names and business mailing addresses of all partners of the partnership or all members of the association.
- If the ABN is owned by another business entity, you will need to list the name and business mailing addresses of the business entity.

4. The mailing address of the Assumed Business Name is: (Only complete if different from the business mailing address(es) noted above.)

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant (**all Partnerships must have at least 2 signatures**)      Date

Daytime Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## HELP SHEET: Application for Renewal of Assumed Business Name

**Form must be legible.** Please type or print the form legibly to prevent errors or the return of your form.

**Filing Fee.** Please submit this form with a filing fee of \$20.00 by check or money order.

### Assumed Business Name Renewal.

- Business Name - When listing the name to be renewed be sure to list it exactly as it is currently registered.
- Mailing address - Registration of Assumed Business Names needs to be renewed every five years in accordance with [30-13-206, MCA](#). If mailing address changes, be sure to notify the Secretary of State's Office because this listing is used to notify the applicant of renewal dates.
- Date of Renewal - You may renew an Assumed Business Name up to 90 days prior to the date of expiration.
- Applicant. The names of the applicant/owner/members/partners must correspond with the current registration or an [Assumed Business Name Amendment](#) must also be filed. There is an additional \$20.00 fee to file the amendment.

**Trademarks and Assumed Business Names.** The successful filing of an Assumed Business Name application does not necessarily guarantee availability of a trademark. Please read [30-13-311, MCA](#), and seek the advice of a professional to determine the appropriate application.

**Signatures of applicant.** Only 1 signature is required unless the Assumed Business Name is a "partnership". If the Assumed Business Name is a "partnership" at least 2 partners' signatures are required.

## 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**