

STATE OF MONTANA

AMENDMENT to REGISTRATION of
ASSUMED BUSINESS NAME
APPLICATION [30-13-210, MCA](http://sos.mt.gov)



Prepare, sign and submit with the proper filing fee.
This is the minimum information required.

(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: \$20.00

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

If the document is hand written, please print legibly or the application may be denied.

1. The complete current name of ABN is: _____
(Name of ABN prior to this amendment)

2. The complete new name if amended is: _____

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

(Must list all owners/partners/members registered with the office of the Montana Secretary of State prior to this amendment.)

4. The name(s) and business mailing address(es) of persons **no** longer transacting or having an interest in the business being conducted under this name are (State reason which could include withdrawal or death.) :

(For additional names, attach a separate sheet of paper)

5. The name(s) and business mailing address(es) of **new** persons or entities transacting or having an interest in the business being conducted under this name are:

(For additional names, attach a separate sheet of paper)

6. If the applicant type has changed (check one and complete where appropriate):
- An Individual
 - A Partnership (Attach list of names and addresses of partners)
 - A Corporation
 - A Limited Liability Company
 - An Association (Attach list of names and addresses of members)
 - A Limited Liability Partnership

7. The description of business is amended to read: _____

8. This amendment supersedes the original registration and all amendments to the original registration.

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

Signature of Applicant currently listed with the Montana Secretary of State

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