

STATE OF MONTANA

Prepare, sign and submit with the proper filing fee.

This is the minimum information required.
(This space for Secretary of State Use Only)

RENEWAL of NAME REGISTRATION
for FOREIGN LIMITED LIABILITY COMPANY
APPLICATION



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: \$10.00

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

For the purpose of renewing its Limited Liability Company name registration with the State of Montana, according to [35-8-108, MCA](#), the undersigned foreign Limited Liability Company organized under the laws of any state, territory or country submits the following statements of fact to the Secretary of State:

1. The exact name of the Limited Liability Company is _____
2. It is organized under the laws of: _____
3. The date of organization is: _____
(Month/Day/Year)
4. The business mailing address of its business office is: _____

City or town State Zip code

5. Description of business: _____
6. It submits a **certificate of existence** currently signed and dated by the proper official of the state, territory or country under the laws of which it is organized.
7. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

Signature of Managing Member or Managing Manager Date

Title

Daytime Contact: Phone _____ Email _____

NOTE: This registration does not authorize the foreign Limited Liability Company to transact business in the State of Montana. This is only a name registration that expires on December 31 of each year.

Renewal of the name registration can be processed between October 1 and December 31 of each year.

If a formal certificate is desired, remit an additional \$5.00 and a written request along with this application.

A copy of the application should be retained in the Limited Liability Company records. To receive a "FILED" copy back, you will need to submit the original & a copy of this application.

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