



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)

MONTANA CORPORATION ANNUAL REPORT

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: \$15.00
\$30.00 (after April 15th) No Postmarks Accepted
 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 document may be denied.

For the Year 20_____
Corporation ID Number:
Exact Name of Corporation:

Registered Agent Information

The name of the entity's Commercial Registered Agent for service of process in Montana:
(A list of Commercial Registered Agents is available at: <http://sos.mt.gov/Business/Agents/index.asp>.)

Name: _____

Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana:

Name: _____

Actual Street Address, Rural Route Box Number, or Mailing Address, if different, in Montana:

City: _____ Zip Code: _____

Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.

- 1. Jurisdiction under whose law Corporation is incorporated: _____
- 2. Business Mailing Address of Principal Office: _____
City: _____ State: _____ Zip Code: _____
- 3. Names, business mailing addresses, and titles of the Corporation's Principal Officers: (Attach list if more than six officers.)

| | | |
|------|--------------------------|-------|
| Name | Business Mailing Address | Title |
| Name | Business Mailing Address | Title |
| Name | Business Mailing Address | Title |
| Name | Business Mailing Address | Title |

4. Names and business mailing addresses of the Corporation's Directors: Nonprofit corporations are required to have a minimum of three (3) directors. (Attach list, if necessary.)

| | |
|------|--------------------------|
| Name | Business Mailing Address |
| Name | Business Mailing Address |
| Name | Business Mailing Address |

If a Corporation operates without Directors, Shareholder names are required. (Attach list, if necessary.)

Shareholder: _____
 Shareholder: _____

5. **Professional Service Corporations only.** I certify that all the shareholders, not less than one-half the directors, and all the officers other than the secretary and treasurer of the corporation are qualified persons with respect to the corporation.

6. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true. **(Must be signed by a Chair of the Board, Officer, or authorized agent.)**

| | | | |
|-----------|-------|--------------|------|
| Signature | Title | Printed name | Date |
|-----------|-------|--------------|------|

7. Daytime Contact: Phone _____ Email _____

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

Send fee and completed report to:

Linda McCulloch (406) 444-5522
 Secretary of State
 P.O. Box 202801
 Helena MT 59620-2801

MUST BE RETURNED IN ORDER FOR YOUR CORPORATION TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT INVOLUNTARY REVOCATION/DISSOLUTION PER 35-1-1038 AND 35-6-102, MCA, AS A PROFIT CORPORATION; AND 35-2-832 AND 35-6-102, MCA, AS A NONPROFIT CORPORATION.