STATE OF MONTANA

ARTICLES of AMENDMENT for PROFIT CORPORATION
35-1-230, MCA

This is the minimum information required.
(This space for Secretary of State use only)

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: $15.00
☐ 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.

Folder ID Number: _____
The folder number begins with a "D" and may be referenced at https://www.mtsosfilings.gov.
Prepare, sign, and submit with an original signature and filing fee.

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

1. The current name of the Corporation: _____

2. The text of each amendment adopted: _____
_____
_____
_____
(Attach additional sheets of paper as needed.)

3. The date of each amendment's adoption (**cannot be a future date**): _____
(Month/Day/Year**)**

4. Check the appropriate box and provide additional information where requested. (**Check only one box**.)
☐ This amendment was adopted by the Incorporators or the Board of Directors. A vote of the shareholders was not required.

☐ This amendment was approved by the shareholders. The designation, number of outstanding shares: _____, number of votes entitled to be cast by each voting group entitled to vote separately on the amendment: _____, and the number of votes of each voting group indisputably represented at the meeting: _____; and

Either the total number of votes cast for _____or against _____ the amendment by each voting group entitled to vote separately on the amendment

OR

The total number of undisputed votes cast for the amendment by each voting group that was sufficient for approval by that voting group: _____.

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

_____ _____
Signature of Presiding Officer of the Board of Directors, President, or other Officer Date

_____ _____
Printed Name Title

6. Daytime Contact: Phone _____ Email _____