



# STATE OF MONTANA

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)

ARTICLES of DISSOLUTION for PROFIT CORPORATION  
[35-1-933, MCA](#)

**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](http://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**

**Folder ID Number:** \_\_\_\_\_  
The folder number begins with a "D" and may be  
referenced at <https://www.mtsosfilings.gov>.

**Make checks payable to Secretary of State.**

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

- The name of the Corporation: \_\_\_\_\_
  - The date dissolution was authorized (**cannot be a future date**): \_\_\_\_\_  
(Month/Day/Year)
  - Check the appropriate box and provide additional information where requested. (**Check only one box.**)
    - Dissolution was adopted by the Board of Directors without shareholder action. Shareholder approval was not required.
    - Dissolution was by the shareholders.  
The number of votes entitled to be cast on the proposal to dissolve: \_\_\_\_\_, and either the total number of votes cast for \_\_\_\_\_ and against \_\_\_\_\_ dissolution
- OR**
- The number of votes cast for dissolution was sufficient for approval.

**Note: If voting by voting groups is required, the information required above must be separately provided for each voting group on a separate sheet of paper and attached to this form.**

- A certificate from the [Montana Department of Revenue](#) stating that all taxes imposed pursuant to [Title 15, MCA](#), have been paid must be attached. You may contact them at (406) 444-6900; PO Box 5805, Helena, MT 59620-5805.
  - OPTIONAL - The reason for filing the articles of dissolution: \_\_\_\_\_
- 
- 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

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