



STATE OF MONTANA

Prepare, sign, and submit with and 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
that has NOT ISSUED SHARES or has NOT COMMENCED
BUSINESS [35-1-931, 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

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>.

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

1. The name of the Corporation: _____

2. The date of its incorporation: _____
(Month/Day/Year)

3. Please check the appropriate boxes (**must check at least one box**):
- None of the Corporation's shares have been issued.
 - The Corporation has not commenced business.
 - Any debt of the Corporation does not remain unpaid.
 - If shares were issued, the net assets of the corporation remaining after winding up of the corporation's business and affairs have been distributed to the shareholders.
 - A majority of the incorporators or initial directors authorized the dissolution.

4. 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.

5. OPTIONAL – The reason for filing the Articles of Dissolution: _____

6. **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

7. Daytime Contact: Phone _____ Email _____