



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)

APPLICATION for REVIVER for DOMESTIC or FOREIGN CORPORATION [15-31-524, 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:
Domestic and Foreign Reviver \$15.00 plus Annual Reports
 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 application may be denied.

1. The exact name of the Corporation:

2. The Corporation submits with this application a [Title 15, MCA, certificate](#) obtained from the Department of Revenue evidencing payment of delinquent taxes.

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

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

Printed Name Title

4. Daytime Contact: Phone _____ Email _____