



## INSTRUCTIONS FOR COMPLETING EFFECTIVE FINANCING STATEMENT FORM

**PLEASE TYPE THIS FORM:** At least a 10-point font must be used when completing the form.

**RETURN NAME/ADDRESS:** Type the name and address where you want the Secretary of State's office to return the acknowledgement letter.

**VERIFY INFORMATION:** Verify all information you enter on the form for accuracy and correct spelling. Any error may result in your lien becoming ineffective.

**DEBTOR NAME (1a or 1b,2a or 2b):** Enter only one Debtor name per section. The debtor name can be an organization or an individual's name but it cannot be both. Enter Debtor's exact full legal name. Do not abbreviate.

**DEBTOR ADDRESS (1c or 2c):** Enter the debtor's mailing address including city, state and zip code.

**ORGANIZATION DEBTOR:** "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If the Debtor is a partnership, enter exact full legal name of partnership. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine debtor correct name.

**INDIVIDUAL DEBTOR:** "Individual" means a natural person; this includes a sole proprietorship, whether or not the individual is operating under a trade name. Do not use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use a married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in the Last Name box, first given name in the First Name box, and all additional given names in the Middle Name box.

**TAX ID NUMBER (1d and 2d):** The SSN is required for each individual debtor and the debtor's internal revenue service (IRS) employer identification number is required for each business, corporation and trade name.

**DEBTOR SIGNATURE (1e and 2e):** Each debtor reflected on the EFS is required to sign.

**SECURED PARTY NAME (3a or 3b):** Enter the secured party's name in either 1e or 2e but do not complete both fields.

**SECURED PARTY ADDRESS (3c):** Enter the secured party's mailing address including city, state and zip code.

**SECURED PARTY SIGNATURE (3d):** Each secured party reflected on the EFS is required to sign.

**SPECIFIC FARM PRODUCT:** You must list the specific farm product such as wheat, barley, hay, cattle, horses, and pigs. The listing all "livestock and crops" will not suffice.

**CROP YEAR:** For a crop grown in soil, list the calendar year in which it is harvested or to be harvested. For animals, list the calendar year in which they are born or acquired. For poultry or eggs, list the calendar year in which they are sold or to be sold. If "year" is left blank, perfection continues for every year the statement is effective.

**COUNTY:** List where the farm product is produced and/or located.

**QUANTITY/DESCRIPTION:** Number of bushels, head of livestock, or other commonly used identifier. Specify the units. Example: 300 bushels of winter wheat stored in bin 12. If "quantity/description" is left blank, then all specific farm products owned by the debtor are covered.

**LIEN DURATION:** An EFS lien is effective for a period of five years unless extended by filing a continuation statement

**ACKNOWLEDGEMENT LETTER:** A system derived acknowledgement letter will be returned to you to retain with your records. Please verify the information appearing on the acknowledgement letter for accuracy and correct spelling. If you discover a problem, please contact our office immediately at (406) 444-2468.

**EFS FILING FEE:**  
Effective Financing Statement = \$7.00

**PREPAID ACCOUNT:** Agencies may set up an account with the Secretary of State to pre-pay filing fees. For information call (406) 444-2035.

**PHYSICAL/MAILING ADDRESS:** Montana Secretary of State, Attn: UCC, 1301 6<sup>th</sup> Avenue, State Capitol, 2<sup>nd</sup> Floor, Room 206, Helena, MT. 59601 or PO Box 202801, Helena, MT. 59620-2801

**REVISED ARTICLE 9 PROTECTION:** If you want your lien to be protected under the requirements of Revised Article 9 (RA9) you must complete the national form in addition to the EFS Form. The EFS form provides protection only to third party buyers of the farm product. For protection from other creditors requires you to file the national UCC form.

**WEB ADDRESS:** [sos.mt.gov](http://sos.mt.gov)

**FAX NUMBER:** (406) 444-3976