



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 TERMINATION for a DOMESTIC LIMITED LIABILITY COMPANY [35-8-906, 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**

Folder ID Number: _____
The folder number begins with a "C" 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 current name of this Limited Liability Company:

- The reason for filing these articles of termination: _____

- The effective date of the articles of termination: _____
If left blank, termination is effective upon filing in SOS office. (Month/Day/Year)
- The name of the agent(s) authorized to receive service of process after dissolution or termination:

- The name of the person(s) authorized to wind up the business and execute documents on behalf of the Limited Liability Company:

- The date of dissolution (cannot be a future date): _____
(Month/Day/Year)
- I, HEARBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the company's business has been wound up and the legal existence of the company has been terminated.

Signature of Managing Member/Managing Manager Date

Printed Name Title

8. Daytime Contact: Phone _____ Email _____