



# 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)

APPLICATION for REVIVER for DOMESTIC LIMITED LIABILITY COMPANY [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](http://sos.mt.gov)

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

**Required Filing Fee:** \$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 Limited Liability Company:

\_\_\_\_\_

2. The business mailing address of its principal office: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Managing Member/Managing Manager Date

\_\_\_\_\_  
Printed Name Title

5. Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_