



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)

AFFIDAVIT of CANCELLATION of DOMESTIC or FOREIGN LIMITED LIABILITY PARTNERSHIP [35-10-721, 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

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

Required Filing Fee: No fee
 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 complete name and business mailing address of the Limited Liability Partnership to be canceled:

Name: _____
Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____

2. The state, tribe, or country of jurisdiction: _____

3. The names and business mailing addresses of the partners: (For additional names and addresses attach a separate sheet of paper.)

Name	Business Mailing Address
_____	_____
_____	_____
_____	_____

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

Date

Date
Signatures of at least **two** Partners are required.

5. Daytime Contact: Phone _____ Email _____