



# STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.  
This is the minimum information required.

APPLICATION for RENEWAL of REGISTRATION of  
DOMESTIC OR FOREIGN LIMITED PARTNERSHIP  
[35-12-611, MCA](#), [35-12-618, MCA](#), [35-12-1311, 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)

(This space for of State use only)

**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**

**Make checks payable to Secretary of State.**

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

**If the document is hand written, please print legibly or the application may be denied.**

**Check One Box:**

- Limited Partnership (name must contain "limited partnership" or "l.p." or "lp" designation ([35-12-505, MCA](#)))**
- Limited Liability Limited Partnership (name must contain limited liability limited partnership" or "l.l.l.p. "lllp" ([35-12-505, MCA](#)))**

1. The name of the Limited Partnership and, if the name does not comply with [35-12-505, MCA](#), an alternate name adopted pursuant to [35-12-1312, MCA](#)):

\_\_\_\_\_

2. The state, tribe, or country of jurisdiction: \_\_\_\_\_

3. The name of the entity's Commercial Registered Agent for service of process in Montana is:  
(A list of Commercial Registered Agents is available at: <http://sos.mt.gov/Business/Agents/index.asp>.)

Name: \_\_\_\_\_

**Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana is:**

Name: \_\_\_\_\_

Actual Street Address or Rural Route Box Number in Montana: **(Must be an actual geographic location.)**

\_\_\_\_\_

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

**And, a mailing address in Montana if different:**

\_\_\_\_\_

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

**Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.**

4. The name and business mailing address of each of the general partners. For additional names and addresses attach a separate sheet of paper.

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Name Business Mailing Address

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Name Business Mailing Address

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Name Business Mailing Address

5. Pursuant to [35-12-602, MCA](#), if changes have occurred in the name(s) of your **general** partners since your last filing, in addition to this renewal form you will need to:
- (a) For a Domestic LP or LLLP, submit a [Domestic Certificate of Amendment](#) (with an additional \$15.00 filing fee).
  - (b) For a Foreign LP or LLLP, submit a [Foreign Certificate of Amendment](#) (with an additional \$15.00 filing fee).
6. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true and, if a **Foreign Limited Partnership or Foreign Limited Liability Limited Partnership**, that this entity has complied with the organizational laws in the jurisdiction in which it is organized and that it exists in that jurisdiction.

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Signature of General Partner

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Date

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