



# STATE OF MONTANA

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

APPLICATION for REINSTATEMENT of DOMESTIC or FOREIGN  
LIMITED PARTNERSHIP or LIMITED LIABILITY LIMITED  
PARTNERSHIP [35-12-620, MCA](#)

**MAIL:** Secretary of State  
P.O. Box 202801  
Helena, MT 59602-2801  
**PHONE:** (406) 444-3665  
**FAX:** (406) 444-3976  
**WEBSITE:** [sos.mt.gov](http://sos.mt.gov)

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

(This space for Secretary 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.**

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

1. The name of the Limited Partnership or Limited Liability Limited Partnership:

\_\_\_\_\_  
(The name must contain the words Limited Partnership or Limited Liability Limited Partnership in full or the abbreviation LP or LLLP.)

2. The Certificate of Limited Partnership was cancelled on: \_\_\_\_\_

3. The [Limited Partnership/Limited Liability Limited Partnership renewal form](#) is completed and attached with the additional filing fee.

4. The name of the entity's Commercial Registered Agent for service of process in Montana:  
(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:

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.**

5. The name and business mailing address of each general partner (attached a separate sheet if necessary):

\_\_\_\_\_  
Name Business Mailing Address

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Name Business Mailing Address

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Name Business Mailing Address

6. If the partnership name has been legally acquired by another entity prior to its Application for Reinstatement the partnership desires to be reinstated with the new name of (must satisfy the requirements of [35-12-505, MCA](#)):

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7. **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 Date

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