



STATE OF MONTANA

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

APPLICATION for CERTIFICATE of WITHDRAWAL
of FOREIGN NONPROFIT CORPORATION [35-2-831, 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

(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**

Folder ID Number: _____
The folder number begins with an "F" 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 exact name of the Corporation: _____
- The state, tribe, or country of incorporation: _____
- The Corporation is not transacting business in Montana and it surrenders its authority to transact business and conduct affairs in Montana.
- The Corporation revokes the authority of its registered agent in Montana to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to do business in Montana.
- Provide a business mailing address to which the Secretary of State may mail a copy of any process against the Corporation served on the Secretary of State:
Business mailing address: _____
City: _____ State: _____ Zip Code: _____
- The Corporation will notify the Secretary of State should any other changes be made in its mailing address.
- OPTIONAL - The reason for filing this withdrawal: _____

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

Signature of Presiding Officer of the Board of Directors, President, or other Officer Date

Printed name Date

9. Daytime Contact: Phone _____ Email _____