



# STATE OF MONTANA

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

ARTICLES of TERMINATION for a DOMESTIC SERIES LIMITED LIABILITY COMPANY [35-8-906, 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>.

(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.**

- The current name of this Series Limited Liability Company:  
\_\_\_\_\_
- Attach list naming each Series Member(s) per [35-8-205\(3\), MCA](#).
- The reason for filing these articles of termination: \_\_\_\_\_  
\_\_\_\_\_
- The effective date of the articles of termination: \_\_\_\_\_  
**If left blank, termination is effective upon filing in SOS office.** (Month/Day/Year)
- The name of the agent(s) authorized to receive service of process after dissolution or termination:  
\_\_\_\_\_
- The name of the person(s) authorized to wind up the business and execute documents on behalf of the Series Limited Liability Company:  
\_\_\_\_\_
- The date of dissolution: \_\_\_\_\_  
(Month/Day/Year)
- I, HEARBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the company's business has been wound up and the legal existence of the company has been terminated.

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

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

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