



# 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)

APPLICATION for REGISTRATION of NAME  
of FOREIGN SERIES LIMITED LIABILITY COMPANY  
[35-8-108, 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)

**Required Filing Fee: \$10.00**  
**Plus \$50.00 per each Series Member**  
 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 name of the Series Limited Liability Company, with any addition required by [35-8-103, MCA](#):  
\_\_\_\_\_
- State, tribe, or country of organization: \_\_\_\_\_
- The date of organization: \_\_\_\_\_  
(Month/Day/Year)
- Attach list naming each Series Members(s) per [35-8-205\(3\), MCA](#).**
- The business mailing address of its principal office: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- A brief description of the nature of its business:  
\_\_\_\_\_
- This Series Limited Liability Company has one or more series of members and the debts or liabilities of a series of members: **(check one)**  
 are enforceable against the assets of that series of members only and not against the assets of the company generally or another series of members.  
 are **not** enforceable against the assets of that series of members only and not against the assets of the company generally or another series of members.
- I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true and that this entity has complied with the organizational laws in the jurisdiction in which it is organized exists in that jurisdiction.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

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

**NOTE:** This registration does not authorize the foreign Series Limited Liability Company to transact business in the State of Montana. This is only a name registration which expires on December 31 of each year.

Renewal of the name registration can be processed between October 1 and December 31. Forms are available for this purpose. Submit to the Secretary of State, P.O. Box 202801, Helena, Montana 59620-2801 with the filing fee of \$10.00. If a formal certificate is desired, remit an additional \$5.00 and a written request along with this application. A copy of the application should be retained in the Limited Liability Company records. To receive a "FILED" copy back, submit the original and a copy of this application.