



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 CERTIFICATE of AUTHORITY
of FOREIGN PROFIT CORPORATION [35-1-1028, MCA](http://sos.mt.gov)

MAIL: LINDA McCULLOCH
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Required Filing Fee: \$70.00
 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. Select one corporate type and complete as requested. Please note: The business name must contain the word "corporation," "incorporated," "company," or "limited," or an abbreviation. If a professional corporation, the business name must contain the words "professional corporation" or an abbreviation. ([35-4-206, MCA](http://sos.mt.gov))

- General for Profit Corporation
- Benefit for Profit Corporation
- Professional Corporation
- Close Corporation which will operate with directors or without directors
- Professional Close Corporation which will operate with directors or without directors

The Corporate name is: _____

2. Check and complete if applicable: This corporation is a benefit corporation that provides the following specific public benefits: _____

3. State, tribe, or country of incorporation: _____

4. Date of incorporation: _____ **period of duration:** _____ (can be perpetual or term)
(Month/Day/Year)

5. The business mailing address of the principal office: _____
City: _____ State: _____ Zip Code: _____

6. 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.

7. A description of the business the corporation intends to transact: _____

8. The name, office held, and business mailing address of the current officer(s). (If a person holds more than one office please indicate, i.e., President/Treasurer.) Add additional sheets as necessary.

Name	Office Held	Business Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. The names and **business mailing addresses** of the current directors. Add additional sheets as necessary.

Name	Business Mailing Address
_____	_____
_____	_____
_____	_____
_____	_____

10. **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 and exists in that jurisdiction.

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

Printed Name _____ Title _____

11. Daytime Contact: Phone _____ Email _____