



# 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)

CERTIFICATE of AUTHORITY for a FOREIGN NONPROFIT CORPORATION [35-2-822, 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](http://sos.mt.gov)

**Required Filing Fee: \$20.00**

- 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. Name of the Corporation: \_\_\_\_\_

2. The date of incorporation: \_\_\_\_\_ period of duration: \_\_\_\_\_  
(Month/Day/Year)

3. The Corporation is organized in the following state, tribe, or country: \_\_\_\_\_

4. The business mailing address of the principal office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. 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.**

6. The names, titles, and business mailing addresses of the current **directors** and **officers**: (At least three directors and one officer are required per 35-2-415, MCA.) (Attach a separate list if necessary.)

\_\_\_\_\_

\_\_\_\_\_

7. This Nonprofit Corporation is a **(you must check one)**:

- Public Benefit Corporation **with** members
- Mutual Benefit Corporation **with** members
- Religious Corporation **with** members
- Public Benefit Corporation **without** members
- Mutual Benefit Corporation **without** members
- Religious Corporation **without** members

8. A description of the business being transacted: \_\_\_\_\_

9. **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 that it exists in that jurisdiction.

\_\_\_\_\_  
Signature of Presiding Officer of the Board of Directors, President, or other Officer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

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