

STATE OF MONTANA

Prepare, sign and submit with the proper filing fee.

This is the minimum information required

(This space for use by the Secretary of State only)

APPLICATION for
AMENDED CERTIFICATE of AUTHORITY
of FOREIGN CORPORATION



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: \$15.00

- 24 Hour Priority Handling check box & Add \$20.00
1 Hour Expedite Handling check box & Add \$100.00

For the purpose of amending its original application for certificate of authority with the State of Montana to transact business or conduct affairs in Montana, according to 35-1-1029, MCA (profit) or 35-2-823, MCA (nonprofit), the undersigned submits the following statements of fact to the Secretary of State and attaches a currently dated Certificate of Existence duly certified and issued by the Secretary of State of the State of its jurisdiction with the Great Seal affixed.

- 1. A certificate of authority was issued to the corporation by the Secretary of State of Montana authorizing it to transact business or conduct affairs in Montana under the current name of:

If the document is hand written, please print legibly or the application may be denied.

- 2. The corporate name has been changed to:
(If for profit, the name must contain "corporation", "company", "incorporated", "limited", or abbreviation of such).
3. Its period of duration has changed from: to:
4. Its state or country of jurisdiction has changed from: to:
5. If a nonprofit corporation, its designation has changed from: to:
(Either Public Benefit Corporation, Mutual Benefit Corporation or Religious Corporation)
6. If a nonprofit corporation, any of the information required by 35-7-105(1):
7. The execution of any document required to be filed with the Secretary of State constitutes an affirmation, under penalties of false swearing, by each person executing the document that the facts stated therein are true (35-1-428, MCA).

Signature of Officer/Chairman of the Board

Title

Date

Daytime Contact: Phone Email

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM