

STATE OF MONTANA

APPLICATION for CERTIFICATE
of WITHDRAWAL of FOREIGN PROFIT
CORPORATION

[35-1-1037, MCA](#)

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



Prepare, sign & submit with the proper filing fee.

This is the minimum information required

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

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 withdrawing from the State of Montana as a profit corporation the undersigned submits the following statements of fact to the Secretary of State.

1. The name of the corporation is: _____
2. It is incorporated under the laws of: _____
3. It is not transacting business in Montana and it hereby surrenders its authority to transact business in Montana.
4. A certificate from the Montana Department of Revenue stating that all taxes imposed pursuant to Title 15 have been paid must be attached. You may contact them at (406) 444-6900; PO Box 5805, Helena, MT 59620-5805.
5. It revokes the authority of its registered agent in Montana to accept service of process on its behalf and appoints the secretary of state as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Montana.
6. Provide a business mailing address to which the Secretary of State may mail a copy of any process against the corporation:

Business Mailing Address

City or town

State

Zip Code

7. It will notify the Secretary of State should any other changes be made in its mailing address.
8. The reason for filing this withdrawal (this information is optional): _____
9. 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/Chair of 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