

STATE OF MONTANA

REGISTRATION of
ASSUMED BUSINESS NAME
APPLICATION
MCA [30-13-203](#)



MAIL: **LINDA McCULLOCH**
Secretary of State
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Helena, MT 59620-2801

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Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

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

Required Filing Fee: \$20.00

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

1. The Assumed Business Name is:

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrectly implies that it is a type of entity other than the type of entity that it is [30-13-202, MCA](#).

2. The description of the business transacted under the Assumed Business Name:

3. The date the applicant first used the proposed assumed business name in commerce is (cannot be a future date):
_____. **If left blank, date of first use is date of filing in SOS office.**
(month/day/year)

4. The applicant is (check **only** one and complete where appropriate):

- A Corporation and the name of the Corporation is: _____
- A Limited Liability Company and the name of the LLC is: _____
- Limited Liability Partnership and the name of the LLP is: _____
- Limited Partnership and the name of the LP is: _____
- Association (Attach the names and business mailing addresses of all the members)
- A Partnership: (Attach the names and business mailing addresses of the partners)
- An Individual and the name of the individual is: _____

5. The business mailing address of the Assumed Business name is as follows:

Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____

6. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

Signature of Applicant (**all Partnerships & LLPs must have at least 2 signatures**)

Date

Daytime Contact: Phone: _____ Email: _____

HELP SHEET: Application for Registration or Renewal of Assumed Business Name

Filing Fee. Please submit this form with a filing fee of \$20.00 by check or money order.

Assumed Business Name. When listing the name to be registered be sure to emphasize the spaces in the name, especially between initials. An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is or incorrectly implies that it is a type of entity other than the type of entity as specified in [30-13-202, MCA](#).

Date the Assumed Business Name was first used. Please indicate a month, day and year. If first date of use is when you register, please put date of registration. There is no penalty if you conducted business under the name prior to the date of application. This date simply establishes your right to the use of the name. The date on the ABN must be the current day or previous. If it is a date in the future, then the reservation of an ABN form should be used. If the date of first use is left blank, the date of first use will be the date of filing.

Applicant. The applicant can be a corporation, a limited liability company, an association, an individual, a limited liability partnership, a partnership, or another organization. Be sure that the box you check in number four corresponds with the name and address you use for the applicant in number five. For example, if you check "A Corporation" in number four, then you need to write in the name and address of the corporation in number five.

If the name of the partnership is different from the assumed business name, the partnership name must also be registered with the Secretary of State.

If the applicant is a limited partnership, a limited liability company or a corporation, the limited partnership, limited liability company or corporation must be registered with the Secretary of State.

Trademarks and Assumed Business Name. The successful filing of an Assumed Business Name application does not necessarily guarantee availability of a trademark. Please read [30-13-311, MCA](#), and seek the advice of a professional to determine the appropriate application.

Renewal. Registration of Assumed Business Names needs to be renewed every five years in accordance with [30-13-206, MCA](#). If mailing address changes, be sure to notify the Secretary of State's Office because this listing is used to notify the applicant of renewal dates.

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