



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 AMENDMENT to REGISTRATION of
ASSUMED BUSINESS NAME [30-13-210, 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

Folder ID Number: _____

The folder number begins with an "A" and may be referenced
at <https://app.mt.gov/bes/>.

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.

- The complete Assumed Business Name prior to adoption of the amendment: _____
- If applicable:** The complete new Assumed Business Name: _____
- The name and business mailing address of the applicant currently on file with the Secretary of State: _____

(Must list all owners/partners/members registered with the Montana Secretary of State prior to this amendment.)

- If applicable:** The name(s) and business mailing address of **person(s) no longer having an interest** in the business being conducted under this Assumed Business Name: _____

(For additional names, attach a separate sheet of paper)

This amendment is necessary because a person who has had an interest in the business with a registered Assumed Business Name has:

- Withdrawn Died

- If applicable:** The name(s) and business mailing address of **new person(s) or entities transacting or having an interest in the business** being conducted under this Assumed Business Name: _____

(For additional names, attach a separate sheet of paper)

- If the applicant type has changed, check only one:**

- Corporation Limited Liability Company Limited Liability Partnership Limited Partnership
 Association (**attach the names and business mailing addresses of all the members**)
 A Partnership (**attach the names and business mailing addresses of all the partners**)
 Individual

- If applicable:** The description of business is amended to read: _____

- This amendment supersedes the original registration and all amendments to the original registration.

- I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of applicant currently on file with SOS (**All Partnerships and LLPs must have at least two signatures**) Date _____

Printed Name

Title

- Daytime Contact: Phone _____ Email _____