



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)

CANCELLATION of ASSUMED BUSINESS NAME
[30-13-213, MCA](#)

MAIL: 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: None

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

Folder ID Number: _____

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

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

1. The complete registered Assumed Business Name to be canceled:

2. The name and business mailing address of the applicant:

Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. **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 (all Partnerships and LLPs must have at least two signatures) Date

Printed Name Title

4. Daytime Contact: Phone _____ Email _____