



# 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 CERTIFICATE of FOREIGN BUSINESS TRUST  
[35-5-201, 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](http://sos.mt.gov)

**Required Filing Fee: \$70.00**

- 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.**

1. The name of the Business Trust: \_\_\_\_\_
2. The Assumed Business Name, if any: \_\_\_\_\_
3. It is created under the laws of the state, territory, or country of: \_\_\_\_\_

**(An executed copy of its articles, declarations of trust, or trust agreement by which it was created and all amendments thereto, or a true copy thereof certified to be such by a trustee of the trust before an official authorized to administer oaths or by a public official of another state, territory, or country in whose office an executed copy thereof is on file, verified within 60 days of this filing, must be filed with this application.) ([35-1-1028, MCA](#)).**

4. The date of creation: \_\_\_\_\_ and the period of duration: \_\_\_\_\_  
(Month/Day/Year)
5. The business mailing address of the principal office: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. The name of the entity's Commercial Registered Agent for service of process in Montana:  
**(A list of Commercial Registered Agents is available at: <http://sos.mt.gov/Business/Agents/index.asp>.)**  
Name: \_\_\_\_\_

**Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana:**

Name: \_\_\_\_\_  
Actual Street Address or Rural Route Box Number in Montana: **(Must be an actual geographic location.)**  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**And, a mailing address in Montana, if different:**

\_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.**

7. A description of the business the Business Trust intends to transact: \_\_\_\_\_

8. The names, residences, and post-office addresses of its current trustees (attach a list if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

9. The business trust certifies that it consents to all the license laws and other laws of the State of Montana relative to foreign corporations and has consented to be sued in the courts of this state, upon all causes of action arising against it in this state and that service of process may be made upon some person, a citizen of this state whose principal place of business is designated in this certificate.

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

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

11. Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_