

STATE OF MONTANA

CERTIFICATE of AUTHORITY for a FOREIGN NONPROFIT CORPORATION 35-2-822, MCA

MAIL: Secretary of State

P.O. Box 202801

Helena, MT 59620-2801

PHONE: (406) 444-3665 **FAX:** (406) 444-3976 **WEB SITE:** <u>sos.mt.gov</u> Prepare, sign, and submit with an original signature and filing fee.

This is the minimum information required.

mo is the minimum mornation required.	
(This space for Secretary of State use only)	

Required Filing Fees:

Standard \$ 20.00 24 Hour Priority \$ 40.00 1 Hour Expedite \$120.00

Make checks payable to Secretary of State. If the document is hand written, please print legibly or the application may be denied.

1.	Name of the Corporation:
2.	Date of incorporation:
	(Month/Day/Year) Was the corporation formed to exist for an unlimited number of years? ☐ Yes OR ☐ No If "No," what is the date in the future that corporation will expire
	(Month/Day/Year)
3.	The Corporation is organized in the following state, tribe, or country:
4.	The business mailing address of the principal office:
	City: State: Zip Code:
5.	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.)
And	d , a mailing address in Montana, if different:
	Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.

Revised: 3/2017

6.	The names, titles, and business mailing addresses of the current directors and officers : (At least three directors and one officer are required per 35-2-415, MCA.) (Attach a separate list if necessary.)
7	This Nanavafit Corneration is a (very must sheek and).
7.	This Nonprofit Corporation is a (you must check one) : □ Public Benefit Corporation with members □ Mutual Benefit Corporation with members □ Religious Corporation with members □ Religious Corporation with members □ Religious Corporation with members
8.	A description of the business being transacted:
9.	I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true and that this entity has complied with the organizational laws in the jurisdiction in which it is organized and that it exists in that jurisdiction.
	Signature of Presiding Officer of the Board of Directors, President, or other Officer Date
	Printed Name Title
10.	Daytime Contact: Phone Email

Revised: 3/2017