



# 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)

CERTIFICATE of AUTHORITY for a FOREIGN NONPROFIT CORPORATION [35-2-822, MCA](http://sos.mt.gov/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:** [sos.mt.gov](http://sos.mt.gov)

**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.)**  
\_\_\_\_\_  
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.**

