



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 REGISTRATION of FOREIGN
LIMITED PARTNERSHIP or LIMITED LIABILITY LIMITED
PARTNERSHIP [35-12-1302, 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

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.

Check One Box:

- ☐ **Limited Partnership** (name must contain "limited partnership" or "l.p." or "lp" designation ([35-12-505, MCA](#)))
☐ **Limited Liability Limited Partnership** (name must contain limited liability limited partnership" or "l.l.l.p. "lllp" ([35-12-505, MCA](#)))

1. The name of the Limited Partnership and, if the name does not comply with [35-12-505, MCA](#), an alternate name adopted pursuant to [35-12-1312, MCA](#):

2. The state or other jurisdiction under which it was formed: _____, and the date of its formation:

(Month/Day/Year)

3. The business mailing address of the office required to be maintained in the state of formation and/or the business mailing address of the principal office ([35-12-1302, MCA](#)):

City: _____ State: _____ Zip Code: _____

4. The name of the entity's Commercial Registered Agent for service of process in Montana is:
(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 is:

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.

5. The name and business mailing address of each of the general partners: For additional names and addresses attach a separate sheet of paper.

Name Business Mailing Address

Name Business Mailing Address

Name Business Mailing Address

6. **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 General Partner Date

7. Daytime Contact: Phone _____ Email _____