



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 DOMESTIC LIMITED PARTNERSHIP
[35-12-601, 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:

- ☐ **A 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. "llp" ([35-12-505, MCA](#)))

1. The name of the Limited Partnership:

2. 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.

3. The name and business mailing address of each of each general partner (attach a separate sheet if necessary):

Name Business Mailing Address

Name Business Mailing Address

Name Business Mailing Address

4. In accordance with [35-12-601\(2\), MCA](#), the general partners may submit with this **Certificate of Limited Partnership** any other matters they determine to include, but may not vary or affect the provisions specified in [35-12-515\(2\), MCA](#).
5. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

_____	_____
	Date
_____	_____
	Date
_____	_____
Signatures of all General Partners are required.	Date

6. Daytime Contact: Phone _____ Email _____