STATE OF MONTANA

RENEWAL of DOMESTIC or FOREIGN LIMITED LIABILITY PARTNERSHIP **APPLICATION**

35-10-716, MCA

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LINDA McCULLOCH 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



Prepare, sign, submit with an original signature and filing fee.

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

E: 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
The Limited Liability Partnership name is:	
NOTE: Must be identical to the business name as currently registered with the Montana Secretary of State's office.	
	,
Description of the business transacted under the Limi	ted Liability Partnership:
The name and business mailing address of all currentl	ly registered partners. For additional names and addresses
· · · · · · · · · · · · · · · · · · ·	rrespond with the names currently registered with the
Montana Secretary of State's office or you will also ne	eed to file a <u>Limited Liability Partnership Amendment.</u>

Revised: 10/01/2013

The business mailing address of the Limited Liability Partnership is: Business Mailing Address: City: _____ State: ____ Zip Code: _____ I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true. I further certify that all listed partners that are entities other than individuals are registered with their state or country of jurisdiction. Signatures of at least two Partners Date (Mo/Day/Year) Daytime Contact: Phone: _____ Email: _____

HELP SHEET: Application for Renewal of LLP

If the document is hand written, please print legibly or the application may be denied.

Registration of a Limited Liability Partnership needs to be renewed every five years. (35-10-715, MCA)

If the business mailing addresses change, be sure to notify the Secretary of State's office as this listing is used to notify the applicant of needed renewals.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing
 of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an additional \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an *additional* \$100.00 with your filing fee.
- Please note: If your documents are returned for deficiencies and upon resubmittal you request either
 of the Express Services you must also remit a new priority (\$20.00) or expedite (\$100.00) handling
 fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State PO Box 202801 Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM

Updated: 8/28/2013