

# STATE OF MONTANA

ARTICLES of DISSOLUTION for  
PROFIT CORPORATION  
([35-1-933, MCA](http://sos.mt.gov))

**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](http://sos.mt.gov)



Prepare, sign and submit with the proper filing fee.  
This is the minimum information required.

(This space for use by the Secretary of State only)

## Required Filing Fee - \$15.00

- ☐ 24 Hour Priority Handling check box & Add \$20.00  
☐ 1 Hour Expedite Handling check box & Add 100.00

1. The name of this Corporation is: \_\_\_\_\_

2. The date dissolution was authorized (cannot be a future date): \_\_\_\_\_  
Date

3. Please check the appropriate box and provide additional information where requested (**check only one box**):

☐ Dissolution was approved by the directors without shareholder approval. Shareholder approval was not required.

☐ Dissolution was adopted by a sufficient vote of the shareholders. The total number of shares outstanding and entitled to vote was: \_\_\_\_\_ and \_\_\_\_\_  
(# outstanding)

a) There were \_\_\_\_\_ votes cast for the amendment and \_\_\_\_\_ votes cast against the amendment.  
(# for) (# against)

OR

b) There were \_\_\_\_\_ undisputed votes cast for the amendment.  
(# undisputed)

**NOTE: If voting by voting groups is required, please repeat this information on a separate page and attach it to this form. (I.e. Common voting stock and preferred voting stock)**

4. A certificate from the [Montana Department of Revenue](http://sos.mt.gov) stating that all taxes imposed pursuant to Title 15 have been paid must be attached. You may contact them at (406) 444-6900; PO Box 5805, Helena, MT 59620-5805.

5. The reason for filing the articles of dissolution is (*this information is optional*): \_\_\_\_\_

6. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

\_\_\_\_\_  
Signature of Officer or Chair of the Board

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

## 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**