

STATE OF MONTANA

RENEWAL of REGISTRATION of
DOMESTIC OR FOREIGN
LIMITED PARTNERSHIP
APPLICATION [35-12-611, MCA](#),
[35-12-618, MCA](#), [35-12-1311, 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



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

This is the minimum information required.

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

Regular Filing Fee: \$15.00

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

Must check 1 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 complete name of the Limited Partnership or Limited Liability Limited Partnership is:

2. Its state of jurisdiction is: _____

3. The name and address of the specified agent for service of process in Montana is: (If this information has changed it will be necessary to also file a [Statement of Change](#) form.)

Name: _____

Street Address (required): _____

Mailing Address (if different from street address): _____

City: _____ State: MT Zip Code: _____

4. The name and business mailing address of each **general** partner is (attach list if necessary):

5. Pursuant to [35-12-602, MCA](#), if changes have occurred in the name(s) of your **general** partners since your last filing, in addition to this renewal form you will need to:

- a) For a Domestic LP or LLLP submit a [Domestic Certificate of Amendment](#) (with an additional \$15.00 filing fee)
b) For a Foreign LP or LLLP, submit a [Foreign Certificate of Amendment](#) (with an additional \$15.00 filing fee)

6. By my signature below, I, a general partner of the above named partnership, do state that I signed this statement on behalf of the partnership and that the statements therein contained are true, under penalty of false swearing.

Signature General Partner

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