

STATE OF MONTANA

ARTICLES of INCORPORATION
for DOMESTIC NONPROFIT CORPORATION
35-2-213 MCA



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)

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 & Add \$20.00
1 Hour Expedite Handling check box & Add \$100.00

Executed by the undersigned person for the purpose of forming a Montana nonprofit corporation.

1. The name of the Nonprofit Corporation is:

2. The name and address of the registered office/agent (address must be in Montana):
Appointment of the Registered Agent is confirmation of the agent's consent.

Name:
Street Address:
Mailing Address (if different from street address):
City: State: MT Zip Code:
Signature of Agent:

3. The name and address of the incorporator is as follows:

Name:
Address:
City: State: Zip Code:

4. This Nonprofit Corporation is a (you must check one):

- Public Benefit Corporation with members
Public Benefit Corporation without members
Mutual Benefit Corporation with members
Mutual Benefit Corporation without members
Religious Corporation with members
Religious Corporation without members

5. This Nonprofit Corporation (check one & complete):

- a) Is not applying through the IRS for 501(c)(3) status and upon dissolution the assets shall be distributed in the following manner:
b) Is applying with the IRS for 501(c)(3) status and therefore has attached the IRS required language.

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

Signature of Incorporator(s) Date

Daytime Contact: Phone: Email: