STATE OF MONTANA

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

MAIL: LINDA McCULLOCH
Secretary of State
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Required Filing Fee: $20.00
☐ 24 Hour Priority Handling check box & Add $20.00
☐ 1 Hour Expedite Handling check box & Add $100.00

Prepared, sign, submit with an original signature and filing fee.
This is the minimum information required.

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: ________________________________

sos.mt.gov/Business/Forms 54-Domestic_Nonprofit_Corporation_Articles_of_Incorporation.doc Revised: 11/03/2011