

STATE OF MONTANA

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

This is the minimum information required.

ARTICLES of ORGANIZATION for
DOMESTIC LIMITED LIABILITY COMPANY
(35-8-202, MCA)

MAIL: BRAD JOHNSON
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
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(This space for use by the Secretary of State only)

Filing Fee: \$70.00

24 Hour Priority Filing Add \$20.00

1 Hour Expedite Filing Add \$100.00

Executed by the undersigned for the purpose of forming a Montana Limited Liability Company.

PLEASE CHECK ONE BOX:

Limited Liability Company Professional Limited Liability Company

1. The name of the limited liability company:
(Must contain "limited liability company", "limited company" or if Professional, "professional limited liability company", or an abbreviation)

2. The name and address of its registered office/agent in Montana:

Name:

Street Address:

City: Montana, Zip Code:

Signature of Registered Agent (Required):

3. The address of its principal place of business in Montana:

Street Address:

City: Montana, Zip Code:

4. (Check one) Term At Will
If Term, the latest date on which the LLC is to dissolve:

5. The LLC will be managed by (check one) a Manager or by its Members

6. The names of the Managers or Members and street addresses are:

7. If one or more members of the company are liable for the LLC's debts and obligations under 35-8-304(3), MCA, please provide a list of liable members and attach written consents of each.

8. If a Professional Limited Liability Company, the services to be provided:

9. Signature of Organizer Date
Printed Name and Title