STATE OF MONTANA

STATEMENT of RESIGNATION of REGISTERED AGENT
35-7-111, MCA

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

(This space for Secretary of State use only)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Folder ID Number: _____
The folder number begins with a "D, F, C, E" or "L" and may be referenced at https://www.mtsosfilings.gov.

Required Filing Fees:

Standard	**None**
24 Hour Priority	**$ 20.00**
1 Hour Expedite	**$100.00**

Make checks payable to Secretary of State.

If the document is hand written, please print legibly or the application may be denied.

1. The name of the represented entity:

_____

2. The name of the registered agent: _____

3. The name and address of the person to which the registered agent will send notification of their resignation:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

4. The registered agent resigns from serving as agent for service of process for the above-listed entity.

5. A statement of resignation takes effect on the earlier of the 31st day after the day on which it is filed or the appointment of a new registered agent for the represented entity.

6. When a statement of resignation takes effect, the registered agent ceases to have responsibility for any matter tendered to it as agent for the represented entity.

7. **I, HEREBY SWEAR AND/OR AFFIRM,** under penalty of law, including criminal prosecution, that the facts contained in this document are true.

_____ _____
Signature of Registered Agent or Authorized Agent Date

_____ _____
Printed Name Title

8. Daytime Contact: Phone_____ Email _____