



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

REGISTRATION OF ASSUMED BUSINESS NAME APPLICATION 30-13-203, MCA



(This space for use by the Secretary of State only) 216878 STATE OF MONTANA FILED JUL 12 2013 SECRETARY OF STATE A15604-07

Photo not

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

1. The Assumed Business Name is:

Western States Dorper Association

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrectly implies that it is a type of entity other than the type of entity that it is 30-13-202, MCA.

2. The description of the business transacted under the Assumed Business Name: See attached Articles

Unincorporated non-profit Agricultural Association, IRC 501(c)(5)

3. The date the applicant first used the proposed assumed business name in commerce is (cannot be a future date):

\_\_\_\_\_ If left blank, date of first use is date of filing in SOS office. (month/day/year)

4. The applicant is (check only one and complete where appropriate):

- [ ] A Corporation and the name of the Corporation is: \_\_\_\_\_
[ ] A Limited Liability Company and the name of the LLC is: \_\_\_\_\_
[ ] Limited Liability Partnership and the name of the LLP is: \_\_\_\_\_
[ ] Limited Partnership and the name of the LP is: \_\_\_\_\_
[X] Association (Attach the names and business mailing addresses of all the members)
[ ] A Partnership: (Attach the names and business mailing addresses of the partners)
[ ] An Individual and the name of the individual is: \_\_\_\_\_

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5. The business mailing address of the Assumed Business name is as follows:

Business Mailing Address: 6410 Birdseye Road City: Helena State: MT Zip Code: 59602

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

Signature of Applicant (all Partnerships & LLPs must have at least 2 signatures) Date 12 July 2013

Daytime Contact: Phone: 406-781-7508 Email: jim@kjranch.org