Complete the schedules below if the corporation has an affiliated relationship with another business entity. Please note that both schedules must be completed if the corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

For members of a US. consolidated group - include information in the following schedule for all members of the U.S. consolidated group.

| Employer Identification Number | Affiliate/subsidiary/parent corporation name | Percentage of ownership | Check if included in unitary filing | Check if doing business in Montana | Check if filing <br> Montana CLT-4 |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | , |  |  |

Other affiliated entities - include information in the following schedule for business entities not included in the U.S. consolidated group; i.e. partnerships, limited liability companies foreign subsidiaries owned greater than $50 \%$, unconsolidated subsidiaries owned greater that $50 \%$. Please include entities owned by the corporation and/or entities owned by all members of the U.S. consolidated group.

| Employer Identification Number | Entity Name | Percentage of ownership | Check if included in unitary filing | Check if doing business in Montana | Type of entity, i.e. foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

