



Affidavit of Corporate Inactivity

Name _____

Address _____

City, State, Zip + 4 _____

FEIN _____

Contact person _____

Phone _____

I, _____, an officer of the said corporation, being of lawful age, being sworn on oath, deposes and says that I am acquainted with the affairs of the said corporation (or a corporation registered to do business in Montana) existing under and by virtue of the laws of the State of Montana;

and that the said corporation had no income or business activities of any nature during the calendar year _____ or fiscal year ending _____ ;

and that the said Corporation has been entirely inactive for _____ taxable periods immediately preceding the date hereof;

and that if said corporation does engage in business or have any income they will notify the department of filing a Montana corporation license tax return by the due date prescribed in 15-31-111, MCA.

Corporate officer

Title

(SEAL)

On this _____ day of _____, 20 ____

Personally appeared _____

before me a Notary Public for the State of _____ ;

(Signature of Notary Public)

_____, Residing at _____

(Name of Notary)

(City and State)

My Commission Expires _____

(Month, Day and Four Digit Year)