Section 35-2-722 of the Montana Code Annotated requires a public benefit or religious corporation to provide written notice to the
Attorney General of its intent to dissolve at or before the time it delivers articles of dissolution to the Secretary of State. **No assets**
shall be transferred or conveyed as part of the dissolution process until the earlier of:

- 20 days after the required written notice has been given to the Attorney General, or
- until the Attorney General has waived the notification requirements in writing.

1. **Name**
   Corporation’s legal name: ____________________________

2. **Charitable Purpose**
   Short summary of the corporation’s charitable purpose: ____________________________

3. **Articles of Dissolution**
   Have you filed Articles of Dissolution with the Secretary of State?
   □ Yes   If yes, when were they filed: ____________________________
   □ No   If no, please explain: ____________________________

4. **Disposition of Assets**
   List recipients and/or intended recipients of the corporation’s assets at dissolution (other than creditors) and a summary of
each recipient’s charitable purpose. Attach additional pages if necessary.

   **NOTE:** You must also attach board minutes or other documentation authorizing the distribution and transfer of assets.

   OR  □ Check this box if the corporation never acquired any assets.

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Distributed yet?</th>
<th>Type of Asset</th>
<th>Value of Asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Purpose: ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name: ____________________________ | □ Yes | | |
| Address: ____________________________ | □ No | | |
| Charitable Purpose: ____________________________ | | | |

| Name: ____________________________ | □ Yes | | |
| Address: ____________________________ | □ No | | |
| Charitable Purpose: ____________________________ | | | |

5. **Signature**
   Under penalties of perjury, I declare that I have examined the information provided on this form, including any
   attachments, and to the best of my knowledge and belief, it is true, correct and complete.

   ____________________________________________________________________________
   Signature

   ____________________________________________________________________________
   Printed Name

   ____________________________________________________________________________
   Title or relationship to corporation

   ____________________________________________________________________________
   Address

   ____________________________________________________________________________
   City/State/Zip

   ____________________________________________________________________________
   Phone

   ____________________________________________________________________________
   Date

Revised 09/14