JAMES BROWN
CSI
COMMISSIONER OF SECURITIES & INSURANCE
OFFICE OF THE MONTANA STATE AUDITOR

840 Helena Avenue
Helena MT 59601
csimt.gov
csi@mt.gov
406.444.2040

NOTICE FILING REQUIREMENTS FOR MULTI-LEVEL MARKETING COMPANIES

1. A multilevel marketing company (MLM) must file an initial notice of intent to operate and annual notices with the Commissioner unless it is a member of the Direct Selling Association.
2. An MLM may file notice by submitting the requisite form prescribed by the Commissioner. The filing must be submitted via email at csi.securities@mt.gov or mail to the Commissioner of Securities & Insurance, 840 Helena Avenue, Helena, Montana 59601.
3. A notice filing by an MLM by November 1st:
   a. Is effective from January 1st through December 31st of the forthcoming year; and
   b. Requires an annual notice by November 1st each year thereafter.

Please note, compliance with the filing requirements does not confer on an MLM any license, registration, or signal that Montana or the Commissioner has sanctioned, approved, registered or endorsed an MLM or its sales plan or operation. An MLM or any individual or entity affiliated with an MLM may not represent that the MLM, individual, or entity is licensed, sanctioned, approved, registered, or endorsed in Montana or by the Commissioner.

INITIAL FILING: SUPPORTING DOCUMENTS CHECKLIST

- ☐ All marketing, sales materials, disclosures and agreements provided to new participants.
- ☐ All the company's policies and procedures. Company's plan to compensate participants.
- ☐ Sample of Participant and Distributor Applications.
- ☐ List of Montana participants, including full name, address, phone, email, gross amount each participant invested, gross and net earnings/loss, form of compensation, date joined and name of the sponsor. (Spreadsheet may be requested in .csv format).
- ☐ List of the date(s), time(s) and location(s) of each presentation, recruitment event, demonstration, display, or gathering of potential participants held from January 1, 2025, to the present, and those the company intends to hold in calendar years 2026-2027.
- ☐ Payment of $1,500 if filing under Amnesty Program.

ANNUAL FILING: SUPPORTING DOCUMENTS CHECKLIST

- ☐ Filing is due November 1st.
- ☐ Compensation plans, agreements, applications, company policies and procedures if any term has changed.
- ☐ List of Montana participants, including full name, address, phone, email, gross amount each participant invested, gross and net earnings/loss, form of compensation, date joined and name of the sponsor. (Spreadsheet may be requested in .csv format).
- ☐ List of the date(s), time(s) and location(s) of each presentation, recruitment event, demonstration, display, or gathering of potential participants held Jan. 1-Dec. 31, and those the company intends to hold in the next two calendar years.

Please remember to include all supporting documents when submitting this form. Incomplete notice filings will be rejected.

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UNIFORM NOTICE FOR MULTI-LEVEL MARKETING COMPANIES

This filling is: ☐ Initial ☐ Amendment ☐ Annual Renewal

***If this is a renewal, please complete first section and only complete other sections if changed from the prior year.**

COMPANY NAME		MT FILE Number (Renewing or Amending)	
NAME UNDER WHICH BUSINESS IS CONDUCTED, IF DIFFERENT			
IF COMPANY OR BUSINESS NAME HAS BEEN AMENDED, GIVE PREVIOUS NAME			
CORPORATE ADDRESS (Actual Physical Address)	CITY	STATE	ZIP
MAILING ADDRESS (if different)	CITY	STATE	ZIP
EMAIL ADDRESS	WEBSITE	PHONE #	

Name of Company:_____
Date:_____

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List below all individuals who have direct responsibility for the management of the MLM. Include each beneficial owner having the power to vote for or dispose of 10% or more of a class of equity securities of the company. If a renewal, note any additions or removals below.

PRESIDENT, MANAGER, GENERAL PARTNER, OR CEO (Full Legal Name)	DATE OF BIRTH	TITLE
MAILING ADDRESS (City, State, Zip)	EMAIL ADDRESS	

Full Legal Name	DATE OF BIRTH	TITLE
MAILING ADDRESS (City, State, Zip)	EMAIL ADDRESS	

Full Legal Name	DATE OF BIRTH	TITLE
MAILING ADDRESS (City, State, Zip)	EMAIL ADDRESS	

Full Legal Name	DATE OF BIRTH	TITLE
MAILING ADDRESS (City, State, Zip)	EMAIL ADDRESS	

Full Legal Name	DATE OF BIRTH	TITLE
MAILING ADDRESS (City, State, Zip)	EMAIL ADDRESS	

Full Legal Name	DATE OF BIRTH	TITLE
MAILING ADDRESS (City, State, Zip)	EMAIL ADDRESS	

Name of Company:______________________________________

Date:_______________

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In addition to completing this application, please attach a copy of: 1) all marketing and sales materials, agreements and disclosures provided to new participants; 2) the company's policies and procedures; 3) the company's plan to compensate participants; 4) sample distributor and participant applications; 5) full list of the company's participants; 6) full list of events; and 6) a completed and signed Uniform Consent to Service of Process. (If this is a renewal, please provide the materials only if a change has occurred.) **Complete the following sections:**

A. PRODUCTS & SERVICES

Primary Product/Service

_____

_____

_____

_____

Brand Names

_____

_____

_____

_____

Retail Price Range (per single item) from $_____ to $_____

Is the Company an active member of the Direct Selling Association? ☐ Yes ☐ No

B. PARTICIPANT'S INITIAL COSTS

Cost of sales kit (Start-Up) $_____

Is a sales kit required? ☐ Yes ☐ No
See next page for more details.

Is the sales kit offered at cost? ☐ Yes ☐ No

Cost of required inventory purchases: _____

How long does a participant have to cancel the agreement for a full refund of consideration paid? *(Include document and page number where published)* _____

What is the total minimum cost to the participant for the first six months of operation?

_____

Name of Company:_____
Date:_____

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C. INVENTORY BUY-BACK POLICY

Does the company have an inventory buy-back policy in place? If yes, please indicate percentage _____ % participant receives back ☐ Yes ☐ No

What is the time limitation for the buy-back policy?_____

Does this policy include the sales kit? ☐ Yes ☐ No

What products, if they are **not** included in this policy? *(Please explain why)*

_____
_____
_____

Where is the buy-back policy published? (Include document and page number) _____
_____

Name of Company:_____
Date:_____

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D. COMPENSATION STRUCTURE

Single Level ☐ Multi Level ☐

If multi-level, what percentage of the total compensation paid to participants is from recruitment? _____

Total number of participants in Montana: _____

Are there any minimum purchases and/or sales required to remain an active participant or to receive compensation? ☐ Yes ☐ No

If yes, please explain: _____

Does the compensation plan include pooling of monies? Yes ☐ No ☐

If yes, please describe how the pooled monies are allocated, used, or distributed *(Include document and page number where published)*: _____

_____

E. SALES

Estimated annual sales volume of the company: _____

Retail *(actual or range)*:

- ☐ Less than $2.5 million
- ☐ $2.5 - $10 million
- ☐ $10.1 - $25 million
- ☐ $25.1 - $50 million
- ☐ $50.1 - $100 million
- ☐ $100.1 - $500 million
- ☐ More than $500 million

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Primary sales approach: ☐ Individual/person-to-person ☐ Party plan/group sales ☐ Combination

DEFINITIONS:

- "Participant" means an individual who completed an agreement to participate in the multi-level marketing company, whether or not he or she has had compensation, earnings, income or loss.
- "Gross earnings" means the total compensation paid or credited to the participant.
- "Net earnings" means the total compensation paid or credited to the participant minus the total amount paid by or debited from the participant. Indicate negative net earnings if applicable.
- "Compensate" means payment in US Dollars, tokens, credit, thing of value or purported value, or a financial benefit.
- "Buy-back" means that when a participant leaves the company, the company must refund him/her at least a percentage of the original cost for any unsold, resalable products or services purchased by the participant within the last 12 months.
- "Sponsor" means a person who introduces, recruits or enrolls another individual distributor or participant to the company to form an "upline" and "downline" in a chain sales structure, where the upline receives compensation for downline sales or recruitment.

NAME OF MULTI-LEVEL MARKETING COMPANY

EXECUTION

Both the undersigned and the above-named multi-level marketing company represent that the information and statements contained herein including attachments are current, true, accurate and complete. Both parties further represent that, to the extent that any information previously submitted is not amended, such information is accurate and complete.

DATE	NAME OF MULTI-LEVEL MARKETING COMPANY
SIGNATURE	TYPE OR PRINT NAME AND TITLE

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CONSENT TO SERVICE OF PROCESS

_____(name of the multilevel marketing company), organized under the laws of_____ hereby irrevocably appoints the Commissioner of Securities and Insurance, Montana State Auditor as its agent for service of process for any alleged violation of Mont. Code Ann. § 30-10-325. The Commissioner should mail copy of any documents served hereunder to the Company or its agents at the following address:

_____

Name

Address

SIGNATURE	TYPE OR PRINT NAME AND TITLE

Name of Company:_____
Date:_____