



Troy Downing

Office of the Montana State Auditor
Commissioner of Securities & Insurance
840 Helena Ave. · Helena, MT 59601
Phone: 406.444.2040 or 800.332.6148
Fax: 406.444.3497 · Web: www.csimt.gov

**NOTICE FILING REQUIREMENTS FOR MULTI-LEVEL
MARKETING COMPANIES**

1. It is unlawful for a person to transact business in this state as a multi-level marketing company unless the person:
 - a. has filed with the Commissioner, or
 - b. is a member of the Direct Selling Association
2. A multi-level marketing company may file by submitting the requisite form prescribed by the Commissioner. The filing must be submitted to the CSI by **certified mail**.
3. A filing by a multi-level marketing company:
 - a. is effective until December 31 following filing; and
 - b. requires an annual notice each year, thereafter, of the Company's operation.
4. A multi-level marketing company may continue its filing in this state, by submitting an updated Form MLD indicating any material change in the information contained in the original form on or before December 31 of each consecutive year.



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**UNIFORM NOTICE FOR:
MULTI-LEVEL MARKETING COMPANIES**

This filing is: An Initial An Amendment A Renewal
(An Initial Filing must be accompanied by completed Schedules A & B and a
Consent to Service of Process. See attached forms.)

Company Name:		MT File # (Renewing or Amending)	
Name under which business is conducted, if different:			
If Company or Business name is being amended, give previous name:			
Corporate Address (Actual Physical Address):		(City)	(State) (Zip)
Mailing Address (if different):		(City)	(State) (Zip)
Email Address:	Website:	Phone Number:	

Execution

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

Date:	Signature:	State of Incorporation:
Type Name and Title:		

Schedule A of MLD-1

List below all individuals who have direct responsibility for the management of the multi-level marketing company. Also include each beneficial owner having the power to vote or dispose of 10% or more of a class of equity securities of the Company:

President or CEO: (Full legal name)	Date of Birth:	Title:
Mailing address (City, State, Zip):	Email Address:	

Primary Contact: (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 Multi-Level Marketing Company

Date

In addition to the following, please attach a copy of all marketing and sales material provided to new participants. Include a copy of the Company's policies & procedures manual.

Please complete the following sections:

A. PRODUCTS/SERVICES

Primary products/services: _____

Brand names: _____

Retail price range (per single item) from-\$_____to-\$_____

Has the Company ever been or is it currently a member of the Direct Selling Association?

Yes No

B. SELLER'S INITIAL COSTS

Cost of sales kit (Start-Up) \$ _____

Is the sales kit required? Yes No **(Provide the CSI with a sales kit) Initial Only**

Is the sales kit offered at cost? Yes No

Cost of Required Inventory Purchases:

Cost of Suggested Inventory Purchases:

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

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

C. INVENTORY BUY-BACK POLICY

Does the Company have a buy-back policy in place? Yes No

If yes, please indicate:

Percentage _____%

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

Does it include the sales kit? Yes No

What products, if any, are not included in the policy (please explain why)?

Where is the policy published?

D. COMPENSATION STRUCTURE

Compensation structure:

Multilevel Single Level

If multilevel, what percentage of the total compensation paid to participants, is from recruitment?

Number of participants in Montana: _____

Initial filing only: Provide a list of Montana resident participants, including their full name, address, phone number, amount invested, amount compensated, date joined and name of the sponsor.

E. SALES

Estimated annual volume: \$ _____

Retail (*actual or range*):

- | | |
|--|--|
| <input type="checkbox"/> A-Less than \$2.5 million | <input type="checkbox"/> E-\$50.1 - \$100 million |
| <input type="checkbox"/> B-\$2.5 - \$10 million | <input type="checkbox"/> F-\$100.1 - \$500 million |
| <input type="checkbox"/> C-\$10.1 - \$25 million | <input type="checkbox"/> G-More than \$500 million |
| <input type="checkbox"/> D-\$25.1 - \$50 million | |

Primary sales approach:

- Individual/person-to-person Party plan/group sales Combination

Date:	Name of multi-level marketing company:	Signature:
Type Name and Title:		

Please return this form to:

**Commissioner of Securities and Insurance
Office of the Montana State Auditor
Securities Department
840 Helena Ave.
Helena, MT 59601**



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Insurance Montana State Auditor
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UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL PEOPLE BY THESE PRESENTS:

That the undersigned _____, organized under the laws of _____ for purposes of complying with the laws of the State of Montana relating to either the sale, distribution or supplying of goods or services through independent agents, contractors, or distributions at different levels of distribution through a multi-level marketing company, hereby irrevocably appoints the Commissioner of Securities and Insurance, Montana State Auditor and successors in such office, its attorney in the State of Montana upon whom may be serviced any notice, process, or pleading in any action or proceeding against it arising out of, or in connection with, the sale, distribution or supplying of goods or services through a multi-level marketing company or out of violation of the aforesaid laws of the State of Montana; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within Montana by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

The Company requests that a copy of any notice, process or pleading served hereunder be mailed to the Company or its agents at the following address:

Name

Address

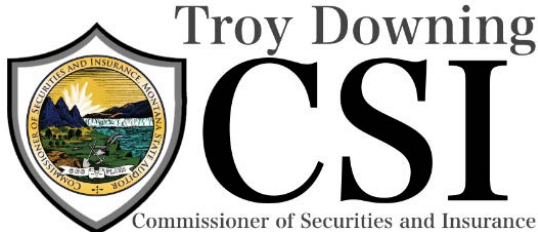
Dated this _____ day of _____, 20 ____

By: _____

Title: _____

By: _____

Title: _____



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Commissioner of Securities and Insurance Office of the Montana State Auditor

Agent for Service of Process Fact Sheet

The Office of the Commissioner of Securities and Insurance, Montana State Auditor (CSI) is charged with the duties of regulating the insurance and securities industry in Montana. Pursuant to Montana statute, the Commissioner of Securities and Insurance, Montana State Auditor (Commissioner), in performing those duties, shall act as the agent for Service of Process under certain circumstances.

What entities does the Commissioner act as Agent for?

- All insurance companies doing business in Montana;
- Non-resident insurance producers (agents);
- Risk Retention and Purchasing Groups registered in Montana;
- All securities issuers registered or notice filed with the CSI;
- All broker/dealer firms doing business in Montana;
- All investment advisory firms doing business in Montana;
- All securities salespersons doing business in Montana;
- All licensed firms and persons offering or selling living trusts in Montana;
- All multi-level marketing companies doing business in Montana.

What items need to be sent to the Commissioner?

- Duplicate (two) copies of all Service of Process. (Original summons not needed.)
- \$10.00 service fee per insurance company. There is no service fee for securities companies. (Payable to the [Montana State Auditor](#).)
- Specific company name. (The Commissioner cannot accept service for a group of companies.)
- One signed original and one copy of the notice and acknowledgement of service (if sent by mail.)

How is service delivered to the Commissioner?

- U.S. Postal Service
- Personal Delivery
- Sheriff's Office
- Process Server
- Levying Officer

What statutes are referenced for Service of Process?

Mont. Code Ann.:

§30-10-208	Serving process – brokers/dealers, investment advisers, multi-level marketing companies, securities salespersons
§30-10-908	Serving process – living trust
§30-10-327(1)(ii)	Consent to Service – multi-level marketing company
§25-20-11-4D(1)(b)(i)	Montana Rules of Civil Procedure