



**Troy Downing**  
Commissioner of Securities &  
Insurance Montana State Auditor  
840 Helena Ave  
Helena, MT 59601

Phone: 406.444.2040  
800.332.6148  
Fax: 406.444.3497  
www.csimt.gov

## **APPLICATION FOR CROWDFUNDING EXEMPTION Pursuant to Montana Code Annotated Section 30-10-105(22)**

Please fill out this form and submit it with a \$50.00 filing fee to:

Office of the Montana State Auditor  
Commissioner of Securities & Insurance  
Securities Department  
840 Helena Avenue  
Helena, MT 59601  
(406) 444-2040

---

Name of Issuer: \_\_\_\_\_

Address of Issuer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Does the issuer intend on soliciting others while relying on the Montana Crowdfunding Exemption? (Please circle one and note the time filing requirements)

YES: *This application must be fully completed and filed within 10 days prior to any solicitation.*

NO: *This application must be filed no later than 15 days after the first sale of the security.*

2. Date sales are to begin or the date of first sale if no general solicitation was used:

\_\_\_\_\_

3. Total amount of funds expected to be raised by this offering: \_\_\_\_\_  
(Offerings may not exceed \$1,000,000, less any amount received for sales of the issuer's securities in the preceding twelve months)

4. Name of Bank or Depository Institution in which investor funds will be deposited:

\_\_\_\_\_

5. Please provide the following for all persons involved in the offer or sale of securities on behalf of the issuer (use another page if more space is necessary):

1. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

6. Please provide the following if the issuer intends to pay any type of compensation, either directly or indirectly, to an agent or broker-dealer or any other person for the solicitation of these securities:

Name of Broker-dealer Firm: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
CRD # \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

7. Will the issuer use a disclosure document in connection with the offers or sales?

\_\_\_\_\_

8. Please summarize the business of the issuer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the issuer, before or after the offer or sale, an investment company as defined in section 3 of the Investment Company Act of 1940, 15 U.S.C. 80a-3, or subject to the reporting requirements of section 13 or 15(d) of the Securities Exchange Act of 1934, 15 U.S.C. 78m and 78o(d)? (Circle One)    YES            NO
10. Is the issuer, before or after the offer or sale, an investment adviser as defined in the Montana Securities Act or a person who otherwise provides investment advice as a service or for a fee?            YES            NO
11. Is the issuer, before the offer or sale, an individual who has been convicted within 10 years before the sale, or 5 years in the case of issuers, their predecessors, and affiliated issuers, of a felony or misdemeanor? (Circle One – If you answer YES, please submit an explanation)  
YES            NO
12. Is the issuer, before or after the offer or sale, a person subject to a final order issued by a state or federal securities regulator, state or federal banking authority, or state insurance commissioner, or other similar entity, that bars the person from the business of securities, insurance, or banking? (Circle One – If you answer YES, please submit an explanation)  
YES            NO

**NOTE: The Issuer cannot accept more than \$10,000 from a buyer unless the buyer is an accredited investor under Rule 501, Regulation D, 17 CRF 230.501**

The omission of a material fact or misstatement of a material fact to investors constitutes a violation of the Securities Act of Montana, giving rise to administrative, civil or criminal liabilities.

Your signature below confirms that all answers contained herein are true and accurate.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



**Troy Downing**  
 Commissioner of Securities &  
 Insurance Montana State Auditor  
 840 Helena Ave  
 Helena, MT 59601

Phone: 406.444.2040  
 800.332.6148  
 Fax: 406.444.3497  
 www.csimt.gov

**UNIFORM CONSENT TO SERVICE OF PROCESS**

KNOW ALL PEOPLE BY THESE PRESENTS:

That the undersigned \_\_\_\_\_, organized under the laws of the State of \_\_\_\_\_ for purposes of complying with the laws of the State of Montana relating to the sale of securities, hereby irrevocably appoints the 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 sales of securities 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: \_\_\_\_\_

**INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT**

State of \_\_\_\_\_) County of \_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ to me personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
 Notary Public/Commissioner of Oaths  
 My Commission Expires \_\_\_\_\_  
 (SEAL)