

PRIMO, INC.

2013 Registered Agent Contract

1. As the registered agent of the company, we must possess a written contract on file. Please sign below agreeing that PRIMO, INC. may serve as the registered agent for your company. **This form must be updated every year.**
- 2.

Print Name and then sign DATE

Name of Company

Mailing/Business Address of Company

3. Each Director, Officer or Manager of the company must provide an address and phone number to the Registered Agent. Please provide the name, title, address and phone of each Director, Officer (President, VP, Treasurer, and Secretary for a Corporation) or Manager (for an LLC). If one person fills all positions, then please state clearly.

Montana requires that you name a Director and at least one officer.

Title	Name	Address	Area Code and Phone Number
Director (Corp)			
President(Corp)			
VicePres(Corp)			
Secretary(Corp)			
Treasurer(Corp)			

4. Please state the name of the **natural person** that has the authority to deal with the registered agent and receive subpoenas. Include Name, Address, Phone and Email. _____

CREDIT CARD PAYMENTS, PLEASE FAX

Please fax to 702.920.8824
or

MAIL HERE



PRIMERA, INC., PO BOX 6572 WYOMISSING PA 19610
Phone 307.237.2580, Fax 702.920.8824

PRIMO, INC.

2013 Registered Agent Contract

GD Jalil, PRIMERA, INC., PO BOX 6572 WYOMISSING PA 19610,
Phone 307.237.2580. Fax 702.920.8824

COMPANY NAME:		
MONTANA FILING ID NUMBER: D-		
<input type="checkbox"/> BASIC RENEWAL RATE.....\$129 Includes: X Registered Agent Service X Annual Report X Fee for Filing Annual Report Annual Report Only.....\$35 <input type="checkbox"/> Registered Agent Only\$75	129.00	I am authorizing payment in the amount of \$_____ to my credit card listed below. The credit card processor may also be Primera, Inc., as billing agent for Primo, Inc. <p style="text-align: center;">METHOD OF PAYMENT</p> Name Address City, State, Zip Phone/fax Email Credit Card Number _____ Expires: _____ CC Security Number: _____ X <hr/> Sign and Print Name Here Date Signature and date are required to complete order. Thank you for allowing us to serve you!
TOTAL		
CREDIT CARD PAYMENT? PLEASE FAX TO 702.920.8824 Mailing Payment? Certified Check or Postal Money order only. This form must be faxed in <u>and</u> included with payment. Fax to 702.920.8824		

MAIL HERE



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