



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 SEP 23 A 9:48

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Montana Health Solutions, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Montana

3. The date of its organization is: 03/31/2025

And the period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name Corporation Service Company

Street Address (NOT a P.O. Box) 222 Jefferson Boulevard Suite 200

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Administrative services supporting fiscal employer agent companies

Check the box to indicate an attachment ☐

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

STAMP

FILED

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FORM 450 - Revised, 12/2023

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

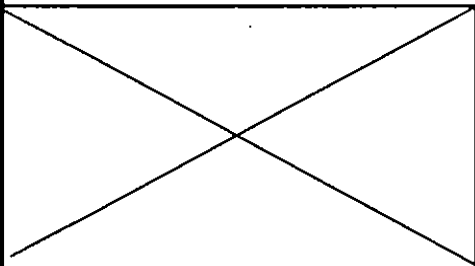
100 Consumer Direct Way, Missoula, MT 59808

8. The mailing address for the limited liability company is:

100 Consumer Direct Way, Missoula, MT 59808

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☒ Members (Owners) **OR** ☐ Manager(s). Complete the chart below.
DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS

Check the box to indicate an attachment ☐

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

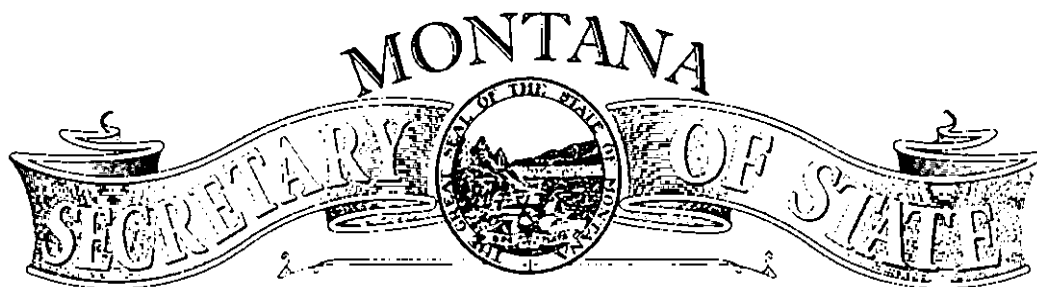
Montana Health Solutions, LLC

Date

9/15/2025

Signature of Authorized Person





CERTIFICATE OF EXISTENCE

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that:

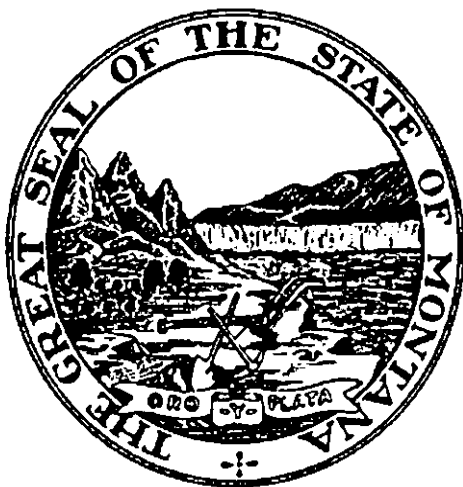
MONTANA HEALTH SOLUTIONS, LLC

duly filed its Articles of Organization for Domestic Limited Liability Company in this office on March 31, 2025, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 28th day of August, 2025.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 79714028



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 23, 2025 09:48 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

