



**MONTANA  
TITLE 71 AMENDMENT FORM  
AMENDMENT FEES REFLECTED BELOW**

**SEND ACKNOWLEDGEMENT TO:**

Name

Address

This space is for filing use only

<b>Montana Original Filing Number</b>	<b>Original Filing Date</b>
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**1. Original Debtor's Exact Full "Legal" Name** – insert debtor name that appears on Montana Secretary of State records.

or	1a. Organization's Name			
	1b. Individual's Last Name	First Name	Middle Name	Suffix

1c. Display a debtor name that matches our current records.

**2. Original Secured Party's Name** - insert secured party name that appears on Montana Secretary of State records.

or	2a. Organization's Name			
	2b. Individual's Last Name	First Name	Middle Name	Suffix

2c. Secured Party's Signature Required. Current Secured Party Sign Here:

**3. Updated Debtor Information** – insert only one debtor (3a or 3b)-do not abbreviate or combine names and use exact legal name of debtor.

or	3a. Organization's Name			
	3b. Individual's Last Name	First Name	Middle Name	Suffix

3c. Mailing Address	City	State	Postal Code	Country
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3d. SSN or Tax ID # (Optional, however, if debtor's tax identification number is not reflected the lien will not appear on the Federal Farm Bill Master List).

**4. Updated Secured Party Information** – insert only one secured party name (4a or 4b)-do not abbreviate or combine names and use exact legal name of secured party.

or	4a. Organization's Name			
	4b. Individual's Last Name	First Name	Middle Name	Suffix

4c. Mailing Address	City	State	Postal Code	Country
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4d. Secured Party's Signature Required. New Secured Party Sign Here:

<b>INSTRUCTIONS:</b> Check appropriate Amendment. Only one amendment type may be checked per amendment form. All amendments must be signed by the secured party.	<input type="checkbox"/> <b>Termination (No Fee)</b> The secured party no longer claims a security interest.	<input type="checkbox"/> <b>Full Assignment (\$5.00)</b> The secured party's rights to the property described below have been assigned to the assignee whose name and address are listed in Item 4.	<input type="checkbox"/> <b>Add Debtor</b> <input type="checkbox"/> <b>Change Debtor</b> <input type="checkbox"/> <b>Delete Debtor</b> <b>(All of above \$5.00)</b> Amending the debtor as stated above in Item 3.
<input type="checkbox"/> <b>Add Secured Party</b> <input type="checkbox"/> <b>Change Secured Party</b> <input type="checkbox"/> <b>Delete Secured Party</b> <b>(All of above \$5.00)</b> Amending the secured party as stated above in Item 4.	<input type="checkbox"/> <b>Add Collateral</b> <input type="checkbox"/> <b>Change Collateral</b> <input type="checkbox"/> <b>Delete Collateral</b> <b>(All of above \$5.00)</b> Amending the collateral as stated below.	<input type="checkbox"/> <b>Partial Release (\$5.00)</b> Releasing the collateral stated below.	<input type="checkbox"/> <b>Partial Assignment (\$5.00)</b> The secured party's rights to the property described below have been assigned to the assignee whose name and address are listed above in Item 4.

**Updated Farm Products**

Specific Crop	Crop Year	Montana County	Crop Quantity/Description/Legal Land Description

## Instructions for Completing Title 71 Amendment Form

**PLEASE TYPE THIS FORM:** At least a 10-point typed font must be used when completing the form.

**RETURN NAME/ADDRESS:** Type the name and address where you want the Secretary of State's office to return the acknowledgement letter.

**VERIFY INFORMATION:** Verify all information you enter on the form for accuracy and correct spelling. An error may result in your lien becoming ineffective.

**MONTANA INITIAL FILING NUMBER:** You must list the initial filing number. Be sure to check the number for accuracy. Please do not reflect a filing number assigned to an amendment on this form. Only one initial filing number per form is allowed.

**ORIGINAL FILING DATE:** Reflect the date the original lien was recorded with our office.

**UPDATED DEBTOR NAME (3a or 3b):** These fields are used when adding, changing or deleting a debtor's name, address, social security or tax ID number. You can list either an individual name or an organization name for the debtor. But do not list both entity types in the box.

**UPDATED SECURED PARTY NAME (4a or 4b):** These fields are used when adding, changing or deleting a secured party's name and/or address. You can list either an individual name or an organization name for the secured party. But do not list both entity types in the box.

**TAX ID NUMBER (3d):** Is optional however, if the debtor's internal revenue service (IRS) employer identification number is not reflected the lien will not appear on the Federal Farm Bill Master List distributed to Buyers of farm products.

**SECURED PARTY SIGNATURES (2c, 4d):** The secured party's signature is required.

**AMENDMENT TYPES:** Check the appropriate box for the amendment you are performing. Only one amendment type per form is permitted.

**UPDATED COLLATERAL:** These fields are used when adding, changing or deleting crops. Note: You must list the specific crop such as wheat, barley, hay. The listing all of "all crops" will not suffice. In addition, the legal land description where the crops are located is required in addition to the county.

**CROP YEAR:** For a crop grown in soil, the calendar year in which it is harvested or to be harvested.

**COUNTY:** Where the crop is produced and/or located.

**QUANTITY/DESCRIPTION:** Number of bushels and legal land description where crop is produced/located. Specify the units. Example: 300 bushels of winter wheat.

**ACKNOWLEDGMENT LETTER:** A system derived acknowledgement letter will be returned to you to retain with your records. Please review the information appearing on the acknowledgement letter for accuracy and correct spelling. If you discover a problem contact our office immediately at (406) 444-2468.

**TITLE 71 AMENDMENT FEE:** See each amendment type for the specific filing fee.

**PHYSICAL/MAILING ADDRESS:** Montana Secretary of State, Attn: UCC, 1301 6<sup>th</sup> Avenue, State Capitol, 2<sup>nd</sup> Floor, Room 260, Helena, Montana 59601 or PO Box 202801, Helena, MT. 59620-2801.

**WEB ADDRESS:** [sosmt.gov](http://sosmt.gov)

**FAX NUMBER:** (406) 444-3976