

**F-95000005136**  
**TRANSMITTAL LETTER**

**TO: Qualification/Tax Lien Section  
Division of Corporations**

**SUBJECT: COMMUNITY BANKERS OF MONTANA, INC.**  
(Name of corporation - must include suffix)

**Dear Sir or Madam:**

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**TOM K. HOPGOOD, ESQ.**  
(Name of Person)

**LUXAN & MURFITT**  
(Firm/Company)

**P. O. BOX 1144**  
(Address)

**HELENA, MT 59624**  
(City/State/Zip)

*W95-19769*

**700001600307**  
-10/04/95--01019--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

**TOM K. HOPGOOD**  
(Name of Person)

at ( **406** ) **442-7450**  
(Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**DIVISION OF CORPORATIONS**  
**95 OCT 23 AM 9:47**

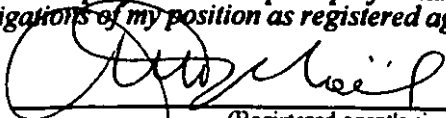
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. COMMUNITY BANKERS OF MONTANA, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MONTANA  
(State or country under the law of which it is incorporated)
3. 81-0496202  
(FEI number, if applicable)
4. 8/3/94  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Is not yet transacting business in Florida  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7 West 6th Avenue, Suite A  
Helena, MT 59601  
(Current mailing address)
8. Provide network electronic funds transfer services to banks  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
**Name:** XL CORPORATE SERVICES, INC.  
**Office Address:** 4435 Old Winter Garden Road  
Orlando, Florida, 32811  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)  
Assistant Secretary, Marc Moel

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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**12. Names and addresses of officers and/or directors:**

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Paul D. Caruso, Sr.

Address: P. O. Box 218

Helena, MT 59624

Director: Keith L. Colbo

Address: 7 West Sixth Ave., Suite A

Helena, MT 59624

**B. OFFICERS**

President: Bruce Gerlach

Address: P. O. Box 910

Bozeman, MT 59715

Vice President: Dan Jordahl

Address: P. O. Box 30918

Billings, MT 59116

Secretary: R. J. Doornek

Address: P. O. Box 638

Wolf Point, MT 59201

Treasurer: R. J. Doornek

Address: P. O. Box 638

Wolf Point, MT 59201

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

**13.**

Keith L. Colbo

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

**14.**

Keith L. Colbo, Executive Secretary

(Typed or printed name and capacity of person signing application)

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**SECRETARY OF STATE**  
**STATE OF MONTANA**

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**CERTIFICATE OF EXISTENCE**

I, Mike Cooney, Secretary of State of the State of Montana, do hereby certify that

**COMMUNITY BANKERS OF MONTANA, INC.**

duly filed its Articles of Incorporation in this office on August 3, 1994, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this September 8, A.D. 1995.

*Mike Cooney*  
**MIKE COONEY**  
Secretary of State

*Les Lee Shaw*

