





STATE OF MONTANA SECRETARY OF STATE 2024 ANNUAL REPORT

FILING FEE: WAIVED prior to April 15 FILING FEE: \$35.00 after April 15

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SECRETARY OF STATE

File Number: 15963338 Date Filed: 1/9/2024 8:50:20 AM

Business Type						
Business Type			Domestic Profit Corporation			
Business Sub-Type			General For Profit Corporation			
Business Name						
Annual Report Year			2024			
Name of Business Entity			LION'S DEN, INC.			
Montana File Number			D062898			
Country of Organization			United States			
State of Organization			Montana			
Business Purpose			ANY LAWFUL BUSINESS			
Shares	_					
Share Type	Series	Shares Authorized	Shares	Issued	Share Par Value	
Common		50000	50000	0	0.000	
Address			3623 Quimet Circle Billings, MT 59106			
Business Physical Address of Address	of Principal Office	3	Billings, MT 59106	5		
Address			Billings, MT 59106			
The registered agent on reco	ord is:					
Registered Agent			TERRA PIERCE Non-Commercial Registered Agent			
			Agent Number			
			RA00025291			
			Email Address			
			t.pierce@Bresnan.net Website			
			vveosite Physical Address			
			3623 QUIMET CIRCLE BILLINGS, MT 59106			
			Mailing Address			
			3623 QUIMET CIRCLE BILLINGS, MT 59106			
Directors						
Full Name		Business Mailing Address		Position	Email Address	

Director

Email Address

Position

3623 QUIMET

Business Mailing Address

BILLINGS, MT 59106

Officers

TERRA PIERCE

Full Name



TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	President	
TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	Treasurer	
TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	Vice-president	
TERRA PIERCE	3623 QUIMET BILLINGS, MT 59106	Secretary	T.PIERCE@BRESNAN.NET

TERRA PIERC	3623 QUIMET BILLINGS, MT 5	l l	retary	T.PIERCE@BRESNAN.NET	
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Declarations					
I confirm I h	nave reviewed the information	on set forth in this Annu	al Report and	that all information is correct and factual.	
I have been	authorized by the busines	s entity to file this docur	ment online.		
document a	re true. I certify that I am si	igning this document as	the person(s)	nal prosecution, that the facts contained in this whose signature is required, or as an agent te his/her signature on this document.	
Signature					
Self		Terra Pierce		01/09/2024	
Signer's Capacity		Sign Here		Date	
Position		Pı	esident		
Daytime Contact					
Phone Number		(4	(406) 591-2151		
Email	t.p	t.pierce@bresnan.net			