



**STATE OF MONTANA**  
 SECRETARY OF STATE  
 2024 ANNUAL REPORT

STATE OF MONTANA  
**-FILED-**  
 SECRETARY OF STATE  
 File Number: 16109550  
 Date Filed: 3/11/2024 3:56:10 PM

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Business Type			
Business Type	Domestic Limited Liability Company		
Business Sub-Type	Limited Liability Company		
Business Name			
Name of Business Entity	H2MTEARHART LLC		
The file number of this entity on the records of the Montana Secretary of State is	C1097817		
Country of Organization	United States		
State of Organization	Montana		
Annual Report Year	2024		
Business Purpose	Any legal		
Business Mailing Address of Principal Office			
Address	PO Box 7967 Missoula, MT 59807		
Business Physical Address of Principal Office			
Address	None		
The registered agent on record is:			
Registered Agent	BENNETT LAW OFFICE PC Commercial Registered Agent Agent Number D100838 Email Address info@bennettlawofficepc.com Website Physical Address 124 W PINE ST MISSOULA, MT 59802 Mailing Address PO BOX 7967 MISSOULA, MT 59807		
<input checked="" type="checkbox"/> The agent assigned to this entity is a Commercial Registered Agent. <input type="checkbox"/> Appoint a new registered agent			
LLC Management			
LLC Managed By	Managers		
Managers			
<input checked="" type="checkbox"/> <b>BENNETT LAW OFFICE, PC</b> Domestic Profit Corporation File Number D100838	Business Mailing Address PO Box 7967 Missoula, MT 59807	Email Address	Active Registered Entity <input checked="" type="checkbox"/> Active Registered Entity
<input checked="" type="checkbox"/> Heather Dee Horton	C/O BENNETT LAW OFFICE PC PO BOX 7967 MISSOULA, MT 59807		

Declarations

- I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.
- I have been authorized by the business entity to file this document online.
- I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<u>Self</u>	<u>Nathan Cranston</u>	<u>03/11/2024</u>
Signer's Capacity	Sign Here	Date
Position	Authorized Agent	

Daytime Contact

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