

STATE OF MONTANA

SECRETARY OF STATE 2025 ANNUAL REPORT

STATE OF MONTANA -FILED-

SECRETARY OF STATE File Number: 16396463 Date Filed: 1/8/2025 2:59:17 PM

Business Type Domestic Non-Profit Corporation Business Type

Business Sub-Type Public Benefit Corporation with members

Business Name

TRI-COUNTY FIRESAFE WORKING GROUP INC Name of Business Entity

The file number of this entity on the records of the Montana D267286

Secretary of State is

Country of Organization **United States** State of Organization Montana Annual Report Year 2025

Business Purpose ANY LAWFUL BUSINESS

Business Mailing Address of Principal Office

Address PO BOX 934

HELENA, MT 59624

Business Physical Address of Principal Office

Address 1192 HWY 282 STE C

MONTANA CITY, MT 59634-9779

The registered agent on record is:

Lois Olsen Registered Agent

Non-Commercial Registered Agent

Agent Number RA1349795 **Email Address**

president@tcfswg.org

Website

Physical Address 1424 PEOSTA AVE HELENA, MT 59601-1713

Mailing Address 1424 PEOSTA AVE

HELENA, MT 59601-1713

Select the Type of Change

Select one if a registered agent change is needed:

Directors

Full Name	Business Mailing Address	Position	Email Address
Ed Shindoll	130 CEDAR STREET TOWNSEND, MT 59644	Director	
Brad Langsather	PO BOX 3 ELLISTON, MT 59728	Director	
Janet Kennedy-Yager	17 WILLOW RD CLANCY, MT 59634	Director	treasurer@tcfswg.org
Angie Gifford	537 S RODNEY HELENA, MT 59601	Director	secretary@tcfswg.org

Officers

Full Name	Business Mailing Address	Position	Email Address
Lois Olsen	1424 PEOSTA HELENA, MT 59601	President	president@tcfswg.org

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			
Self	Lois olsen	01/08/2025	
Signer's Capacity	Sign Here	Date	
Position	President		
Daytime Contact			
Phone Number	(406) 459-2542	(406) 459-2542	
Email	president@tcfs	president@tcfswg.org	