MONTANA PUBLIC SERVICE COMMISSION

REGISTRATION FORM FOR SERVICE PROVIDERS* AND BILLING AGGREGATORS,** pursuant to House Bill 479.

Please print or type all required information. All attachments should bear the legal name of the Registrant. Registrants should file completed registrations and all related correspondence with: **Administrator**, **Utility Division**, **Montana Public Service Commission**, **PO Box 202601**, **Helena**, **Montana 59620-2601**.

PROVIDE ALL INFORMATION REQUIRED BELOW. INFORMATION MAY BE PROVIDED IN ATTACHMENTS TO THIS REGISTRATION IF NECESSARY.

1	Registrant's legal name:	
2	Registration is for (Check one):	Billing Aggregator [] Service Provider []
3	Name(s) under which Registrant will do business in Montana:	
4	Registrant's business street address:	
5	Registrant's mailing address, if different:	
6	Contact person for regulatory matters and that person's address, telephone number, email address, and fax number:	
7	Contact information for consumer complaints, including mailing address and toll free telephone number:	
8	Name, address and title of each officer and director, partner, or similar officer.	
9	For billing aggregators only, names of service providers providing services or products in Montana for whom you bill:	

^{*} A service provider is any entity, other than the billing agent, that offers a product or service to a customer, the charge for which appears on the bill of a billing agent. (A billing agent is a telecommunications carrier that includes in a bill that it sends to a customer a charge for a product or service offered by a service provider.)

^{**}A billing aggregator is any entity, other than a service provider, that forwards the charge for a product or service offered by a service provider to a billing agent.

10	Does the registrant, or any of the individuals identified in question 9 above, have any		
	pending or concluded		
	administrative, civil, or criminal legal actions that relate to or		
	arise from billing transactions, business fraud, and unfair or		
	deceptive sales practices? If		
	yes, please describe.		
Regi	stration Requirements		
1)	An original and two (2) copies of this registration must be provided. A copy of this form the Commission's website at http://psc.mt.gov/ .	nay be downloaded from	
2)	The registration must be signed by two (2) officers of the Applicant and notarized.		
	Note: The registration will not be effective until the completed form is posted on the Com	mission's website.	
2-1	DV (-'markuma)		
Jate:	BY (signature):		
	TYPED/PRINTED NAME:		
	TITLE:		
Date:	BY (signature):		
	TYPED/PRINTED NAME:		
	TITLE:		
Subsc	cribed and sworn to before me this day of,		
	Notary Public for the State of:		
	Residing at:		

My Commission Expires:_____

(SEAL)