



Phone: (503) 986-2200
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Articles of Dissolution—Business/Professional/Nonprofit

Secretary of State
 Corporation Division
 255 Capitol St. NE, Suite 151
 Salem, OR 97310-1327
 FilingInOregon.com

Check the appropriate box below:

- BUSINESS/PROFESSIONAL CORPORATION
 (Complete only 1, 2, 3, 7, 8)
- NONPROFIT CORPORATION
 (Complete only 1, 4, 5, 6, 7, 8)

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME OF CORPORATION** _____

BUSINESS/PROFESSIONAL CORPORATION ONLY

2) **COMPLETE SECTION 2 OR 3 BELOW**

None of the corporation's shares has been issued and the corporation has not commenced business. No debt of the corporation remains unpaid. A majority of the incorporators or initial directors authorized this dissolution.

DATE OF INCORPORATION _____

3) **CHECK THE APPROPRIATE STATEMENT**

- All shareholders entitled to vote consented in writing to the dissolution.
- Shareholder vote on the resolution to dissolve was as follows and the number of votes cast in favor of dissolution was sufficient for approval.

Class or series of shares	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

DATE DISSOLUTION WAS AUTHORIZED _____

NONPROFIT CORPORATION ONLY

4) **DATE DISSOLUTION WAS AUTHORIZED** _____

The dissolution was approved by a sufficient vote of the board.

5) **CHECK THE APPROPRIATE STATEMENT**

Approval of members was not required and dissolution was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6) **NOTICE OF DISSOLUTION** (Public benefit and religious corporations)

Have you sent a notice of dissolution to the Charitable Activities Section of the Attorney General?

For more information, see: www.doj.state.or.us/charigroup/howto.shtml

Yes No

7) **EXECUTION**

Signature

Printed Name

Title

8) **CONTACT NAME** (To resolve questions with this filing.)

DAYTIME PHONE NUMBER (Include area code.)

FEES

Required Processing Fee \$50

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.