

State Form 35228 (R10 / 05-24) / Corporate Form 107-A Approved by State Board of Accounts, 2017

Diego Morales **SECRETARY OF STATE BUSINESS SERVICES DIVISION**

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 234-9768 INBiz.in.gov

- INSTRUCTIONS: 1. Use 8½" x 11" white paper for attachments.
 - Please <u>TYPE</u> or <u>PRINT LEGIBLY</u> in <u>INK</u>. Print all forms single sided.
 For additional forms please visit <u>in.gov/sos/business/division-forms</u>

 - 4. Make check or money order payable to the Secretary of State.
 - 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business		
Name of business		
E-mail address of business (SOS use only)		
RETURN DOCUMENTS TO:		
Mana		
Name		
Street address, line 1		
Street address, line 2		
Street address, line 2		
City	State	ZIP code
Telephone number	E-mail address (If different from above – SOS use	a only)
relephone number	E-mail address (if different from above – 505 dst	only)
()		
()		



Indiana Code 23-17-22-1 23-0.5-9-17

FILING FEE: \$30.00

The undersigned, desiring to effectuate the dissolution of		
(hereinafter referred to as the "Corporation"), existing pursuant to the provisions of the Indiana Nonprofit Corporation Law as amended, hereby certifies		
the following facts:		
1. Date of Incorporation is (month, day, year):;		
2. a. No membership in the Corporation has been issued; and / or		
b. The Corporation has not commenced business;		
3. No debt of the Corporation remains unpaid; and		
4. The majority of the incorporators or initial directors authorized the dissolution.		
In witness whereof, the undersigned being the Incorporator(s) or Initial Director(s) of the Corporation, hereby executes		
this certificate and verifies, subject to penalties of perjury, that the statements contained herein are true,		
this day of, 20		
Signature		
Printed name Title		
THICK HAITE		