

SECRETARY OF STATE BUSINESS SERVICES DIVISION

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 232-6576 www.sos.in.gov

INSTRUCTIONS:

- Use 8½" x 11" white paper for attachments.
 Please <u>TYPE</u> or <u>PRINT</u> in <u>INK</u>.
 Please visit our office on the web at <u>www.sos.IN.gov</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		
E-mail address of business (SOS use only)		
DETUDN DOCUMENTS TO		
RETURN DOCUMENTS TO:		
Name		
Name		
Street address, line 1		
Street address, line 2		
,		
Cit.	Chata	710 4-
City	State	ZIP code
Telephone number	E-mail address (If different from above - SC	OS use only)





Indiana Code 23-17-22-3 23-0.5-9-17

FILING FEE: \$30.00

The undersigned officer of the Indiana Nonprofit Corporation named in Article I below (hereinafter referred to as the "Corporation") desiring to give notice of corporate action effectuating the dissolution of the Corporation pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991 (hereinafter referred to as the "Act"), certifies the following facts.

ARTICLE I – CORPORATE NAME						
Name of corporation						
ARTICLE II – DATE OF INCORPORATION						
Date of incorporation (month, day, year)						
ARTICLE III – AUTHORIZATION						
Dissolution was authorized (pursuant to Indiana Code 23-17-22-2) on (month, day, year)						
ARTICLE IV – APPROVAL OF BOARD OF DIRECTORS						
Dissolution was approved by a sufficient vote of the Board of Directors.						
L Yes L No						
ARTICLE V – APPRO	VAL OF MEMBERS					
IF APPROVAL OF MEMBER WAS NOT REQUIRED:						
Dissolution was approved by a sufficient vote of the Board of Directors. Yes No						
Dissolution was approved by a person other than the members, and that approval pursua	ant to Indiana Code 23-17-22-2(I	o)(3) was obtained		_		
☐ Yes ☐ No						
IF APPROVAL OF MEMBERS WAS REQUIRED, A OR B MUST BE COMPI	LETED:					
		MEMBERS OR DELEGATES				
A. VOTES CAST FOR OR AGAINST DISSOLUTION:	TOTAL	ENTITLED TO VOTE AS A CLASS				
		Α	В	С		
MEMBERS OR DELEGATES ENTITLED TO VOTE						
MEMBERS OR DELEGATES VOTED IN FAVOR						
MEMBERS OR DELEGATES VOTED AGAINST						
		MEMBERS OR DELEGATES				
B. FOR USE WHEN VOTES ARE UNDISPUTED:	TOTAL	ENTITLED TO VOTE AS A CLASS				
		Α	В	С		
MEMBERS OR DELEGATES ENTITLED TO VOTE						
TOTAL NUMBER OF UNDISPUTED VOTES						
In witness whereof, the undersigned being the of said Corporation, hereby executes						
In witness whereof, the undersigned being the of said Corporation, hereby executes (Title)						
these Articles of Dissolution and verifies, subject to penalties of perjury, that the statements contained herein are true,						
this day of, 20						
Signature Printed name						
NOTE: Notice of Voluntary Dissolution must be filed with the following State agencies: The Unclaimed Property Section of the Attorney General of						

Indiana Department of Revenue Compliance Division 100 N. Senate Ave., Rm. N203 Indianapolis, IN 46204

Telephone: (317) 232-2118

Indiana Attorney General, Unclaimed Property PO Box 2504

Indiana (IC 32-34-1-25); the Department of Revenue (IC 6-8.1-10-9); and the Indiana Department of Workforce Development (IC 22-4-32-23).

Greenwood, IN 46142 Telephone: (866) 462-5246 E-mail: UPD@atg.in.gov

Clearances from these agencies are no longer necessary.

Indiana Department of Workforce Development Employers Audit Section 10 N Senate Ave

Indianapolis, IN 46204 Telephone: (317) 232-6348