CHARLES P. WHITE SECRETARY OF STATE CORPORATIONS DIVISION

302 W. Washington Street, Room E018 Indianapolis, Indiana 46204 Telephone: (317) 232-6576

**FILING FEE: \$30.00** 

Indiana Code 23-17-22-1

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.

Present original and one (1) copy to address in upper right corner of this form.

Please TYPE or PRINT.

Please visit our office on the web at www.sos.in.gov.

(hereinafter referred to as the "Corporation"), existing pursuant certifies the following facts:	to the provisions of the Indiana Nonprofit Co	
Date of Incorporation is (month, day, year):	;	
<ol> <li>a. No membership in the Corporation has been issued</li> <li>b. The Corporation has not commenced business;</li> </ol>	d; and / or	
3. No debt of the Corporation remains unpaid; and		
4. The majority of the incorporators or initial directors auti	horized the dissolution.	
In Witness Whereof, the undersigned incorporator(s) or initial Dir	rector(s) of the Corporation hereby executes the	is certificate and verifies, subject to
penalties of perjury, that the statements contained herein are true	e this day of	, 20
gnature	Title (incorporator or Director)	
nted name	1	