NM 53-13

KANSAS SECRETARY OF STATE

Not-For-Profit Corporation Dissolution by Members' Meeting

CONTACT: Kansas Office of the Secretary of State

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov

Above space is for office use only.



INSTRUCTIONS: All information must be completed or this document will not be accepted for filing. **Please read instructions before completing**.

1. Business entity ID number: This is not the Federal Employer ID Number (FEIN)					
2. Name of corporation: Name must match the name on record with the Secretary of State					
3. Name and mailing address of each officer: Do not leave blank If additional space is needed please provide an attachment	1)				
	Mailing address 2) Name	City	State	Zip	Country
	Mailing address 3) Name	City	State	Zip	Country
	Mailing address	City	State	Zip	Country
4. Name and mailing address of the board of directors: Do not leave blank	1)Name				
If additional space is needed please provide an attachment	Mailing address 2) Name	City	State	Zip	Country
	Mailing address 3) Name	City	State	Zip	Country
	Mailing address	City	State	Zip	Country

5. Effective date: A future effective date must be	Upon filing					
within 90 days of filing date	Future effective date Month	D	V			
6. Dissolution of the corpo	month Dration is authorized in accordan	Day	Year -6804.			
7. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and						
that I have remitted the required fee.						
Signature of authorized officer		Date (month, day	ı, year)			
	n	-				
Name of signer (printed or type	a)					
Save time by filing your dissolution online at www.sos.ks.gov						
1 Instructions:						
1. If this form is submit	ted after the close of the entity's tax	x year, an annual re	eport and fee must be filed along with or			
	If the entity has forfeited, it must re		_			
2. Submit this form wi	th the \$20 filing fee.					
	UR ORGANIZATION'S STATUS, ANNUAI ER QUICK LINKS, SELECT SEARCH BU		E AND CONTACT ADDRESSES BY GOING TO DRMATION.			
NOTICE: There is a \$25 s All information must be	service fee for all checks returned b e completed or this document will n	y your financial in not be accepted for	nstitution. filing.			