

NW**53-13**

KANSAS SECRETARY OF STATE

Not-For-Profit Corporation**Dissolution by Written Consent****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: <i>This is not the Federal Employer ID Number (FEIN)</i>	
2. Name of corporation: <i>Name must match the name on record with the Secretary of State</i>	
3. Name and mailing address of each officer: <i>Do not leave blank</i> <i>If additional space is needed please provide an attachment</i>	<p>1) _____ Name</p> <p>_____ Mailing address City State Zip Country</p> <p>2) _____ Name</p> <p>_____ Mailing address City State Zip Country</p> <p>3) _____ Name</p> <p>_____ Mailing address City State Zip Country</p>
4. Name and mailing address of the board of directors: <i>Do not leave blank</i> <i>If additional space is needed please provide an attachment</i>	<p>1) _____ Name</p> <p>_____ Mailing address City State Zip Country</p> <p>2) _____ Name</p> <p>_____ Mailing address City State Zip Country</p> <p>3) _____ Name</p> <p>_____ Mailing address City State Zip Country</p>

5. All the members with voting power do hereby consent to the dissolution of the corporation:

Members' signatures

_____	_____
_____	_____
_____	_____
_____	_____

6. Effective date:

A future effective date must be within 90 days of filing date

Upon filing

Future effective date _____
Month Day Year

7. I, _____, **declare under penalty of perjury under the laws of the state of**
Name of officer
Kansas, that I am an officer of the above-named corporation, that the above consent has been signed by or on behalf of ALL members entitled to vote on the dissolution, that the foregoing is true and correct, and that I have remitted the required fee.

Signature of authorized officer

Date (month, day, year)

Name of signer (printed or typed)

i Instructions:

- 1. If this form is submitted after the close of the entity's tax year, an annual report and fee must be filed along with or prior to dissolution. If the entity has forfeited, it must reinstate before dissolution.
- 2. Submit this form with the **\$20** filing fee.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*