



**STATE OF MINNESOTA
SECRETARY OF STATE
INTENT TO DISSOLVE**
Minnesota Statutes, Chapter 302A.721
Filing Fee: \$35.00

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Name of Corporation: (Required)

The requisite vote of the shareholders approving the resolution to commence dissolution was approved.

2. Check and Complete One of the Following Options: (Required)

 Date and Place of Shareholders' Meeting _____

(Date of shareholders' meeting)

(List the place where the shareholders' meeting was held)

OR

 Done by Unanimous Written Action _____

(Date Intent to Dissolve was signed)

I certify that the foregoing is true and accurate and that I have the authority to sign this document, and I further certify that I understand that by signing this document, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this reservation under oath.

3. Authorized Signature: (Required)

4. Name, daytime telephone number and e-mail address of contact person for the corporation:

Name: _____ Phone: (_____) _____

E-Mail Address: _____

INSTRUCTIONS

Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.

NOTE: This form is intended merely as a guide in filing the Intent to Dissolve for a Minnesota corporation. It is not intended to cover all situations. If this form does not meet the specific needs and requirements of the corporation, then the corporation should draft their own Intent to Dissolve filing.

- 1. Name of Corporation: (Required)** List the corporate name on file with the Secretary of State's office.
- 2. Check and Complete One of the Following Options: (Required)** Select one of the following options for filing the Intent to Dissolve. If a shareholder's meeting was held, check and complete the date and place of the shareholder's meeting. If the Intent to Dissolve was approved by an unanimous written action, check and complete the date that the Intent to Dissolve was signed.
- 3. Authorized Signature: (Required)** Must be signed by someone authorized by the corporation or Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).
- 4. Name, daytime telephone number and e-mail address of contact person for the corporation:** Please list the name, daytime telephone number, and e-mail address of a person who can be contacted about this form.

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us , or contact us between 9:00am to 4:00pm Monday through Friday at (651) 296-2803 or toll free at 1-877-551-6SOS (6767).

Filing Fee: \$35.00 Payable to the MN Secretary of State

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.