

**ARTICLES OF DISSOLUTION
LIMITED LIABILITY COMPANY**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
http://www.sos.state.ne.us

Name of Limited Liability Company _____

A statement of intent to dissolve was filed with the Secretary of State on: _____

As to the above named limited liability company:

All debts, liabilities and obligations of the limited liability company have been paid and discharged or adequate provisions have been made therefore;

All the remaining property and assets have been distributed to the members in accordance with their respective rights and interests; and

There are no suits pending against the limited liability company in any court, or, if any suits are pending, adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against the company.

Signature of Member

Or _____
Signature of Manager

Printed Name of Member

Or _____
Printed Name of Manager

FILING FEE: \$25.00