

ROSS MILLER Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov

Nonprofit Dissolution

(PURSUANT TO NRS 82.446)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Dissolution
For a Nevada Nonprofit Corporation
Voluntary Dissolution at Request of Members
(Pursuant to NRS 82.446)

1. Name of corporation:		
2. A corporation may be dissolved and its affairs majority of the members of any person or superior that the NDC as a	or organization whose approva	
provision of the articles authorized by NRS 82.09		
The request must be set forth in the following for	mat:	
 a) Be addressed to the directors. 		
b) Specify reasons why the winding up of affa	airs of the corporation is deeme	d advisable.
c) Name three persons who are members to of the affairs of the corporation. The act of a in office is the act of the directors as trustees.	majority of the directors as trus	.
A copy of said request as described above must	accompany this form.	
3. Effective date and time of filing: (optional) Da	te: Time:	
	(must not be later than 90 days after the	e certificate is filed)
4. Signature of authorized officer:		
X		
Signature of Officer	Title	Date

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.



Filing Instructions for the **Amendments Division**

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

Dear Customer: We value your patronage and desire to provide you the best service possible. In an effort to facilitate your filing we would appreciate your taking a moment to read the following before submitting your document. Failure to include any of the information required on the form may cause the filing to be rejected.

-Thank vou-

- 1.) One file stamped copy of the filing will be returned at no additional charge for most filings. Dissolutions, Cancellations and Withdrawals do not receive a file stamped copy unless requested at the time of filing. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 2.) If paying for expedite service, include the word "EXPEDITE" in your correspondence.
- 3.) Verify filing is submitted on the correct form prescribed by the Secretary of State.
- 4.) Forms must include appropriate signatures as required.
- 5.) If applicable, include the appropriate names and addresses as requested on the form.
- 6.) If adding new managers or general partners, their names and addresses must be set forth.
- 7.) Documents must reflect the complete name of the entity as registered with the Secretary of State.
- 8.) Attach all pages that are referenced as attachments.
- 9.) All documents must be legible for filming and/or scanning.
- 10.) If filing restated articles (containing newly amended articles, deletions or additions), provide a form prescribed by the Secretary of State indicating which articles have been amended, deleted or added. Furthermore, the articles must contain the necessary amendment language as required by the statutes governing amendments for that type of business entity.
- 11.) Verify that the status of the entity is not revoked. Verification may be made by visiting our Web site at www.nvsos.gov or calling this office.
- 12.) The correct filing date must be provided when required.
- 13.) All required information must be completed and appropriate boxes checked or filing will be rejected.
- 14.) Please contact this office for assistance if you are unsure of the filing fee for your document.

All forms may be downloaded from our Web site www.nvsos.gov. The Nevada Revised Statutes may be obtained at http://www.leg.state.nv.us/NRS.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

MAIN OFFICE:

Regular and Expedited Filings

Secretary of State **Amendments Division** 204 North Carson Street, Suite 1 Carson City NV 89701-4520 Phone: 775-684-5708

Fax: 775-684-5731

SATELLITE OFFICE:

Expedited Filings Only

Secretary of State – Las Vegas **Commercial Recordings Division** 555 East Washington Ave, Suite 5200 Las Vegas NV 89101 Phone: 702-486-2880

Fax: 702-486-2888

Nevada Secretary of State AM Instructions Revised on: 10-25-10



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

Customer Order Instructions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Proces Service Re		Regular	24-Hour Expedi	te (additional fee included)
Name of Entity:				Date:
Return to:				
Contact Name:			Phone:	
Return Delivery	(email or fax options	do not receive a copy v	via mail; must be ordered se	parately)
Email to:			☐ Fax to:	
☐ Hold for Pick	Up Mail to A	ddress Above	FedEx: Acct #	
Other: (explain	below)			
Order Description	n: (include items being	ordered and fee break	down)*	
Craor Boomptio	Tr. (merade items being	Stacted and tee break	downy	
stamped copy ordered	s office keeps the origina d at the time of filing is at e (plus \$30.00 for each c	no charge. Each add		unt:
Method of Paym	ent:			
Check/Money	/ Order	Card (attach ePayme	nt checklist) Trust A	ccount:
☐ Use balance	remaining in job #			



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SUBMIT THIS COMPLETED FORM WITH YOUR FILING

1 or 2-Hour Expedite Customer Order Instructions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Process Service Red	<u> </u>	2-Hour Expedite additional \$500.00 fe		1-Hour Exp (additional \$100	edite 00.00 fee included)
Name of Entity:				Date:	
Return to:					
Contact Name:			Phone:		
Return Delivery	<i>r</i> :				
Email to:			□Fa	ax to:	
☐ Hold for Pick	Up Mail to Ad	ddress Above	FedEx: A	Acct #	
Other: (explain	below)				
Order Description	n: (include items being o	ordered and fee brea	ıkdown)*		
stamped copy ordered	s office keeps the original d at the time of filing is at e (plus \$30.00 for each c	no charge. Each ac		otal Amount:	
Method of Paym	ent:				
Check/Money	Order Credit	Card (attach ePaym	nent checklist)	Trust Account:	
Use balance	remaining in job#				



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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



Authorized Signature

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ePayment Checklist (For Counter, Fax and Mail Requests)

	USE BLACK INK ONLY - DO NOT HIGHLIG
Service Type: Counter	Mail Fax
Order Processing Requested:	(Expedite Processing Requires Additional Fees)
Regular Processing 24-HC	OUR Expedite 2-HOUR Expedite 1-HOUR Expedite
Payment by Card (card holder r	name and billing address required below)
Card Type: VISA	MasterCard Discover American Express
Customer Credit Card Number:	V CODE*
	the far right of the backside of VISA, MasterCard and Discover cards the front right side of American Express card.
	rposes, all credit card payments must include the 3 or 4-digit CVV2 code rd. Failure to include this code will result in the rejection of your filing or serv
Credit Card Expiration Date: Month	Year
	Amount to Charge Card: USD \$
Order Information (required)	
Entity Name/Order Reference:	
Card Holder Information:	
Name as it Appears on the Accoun	nt
Billing Addres	SS
City, State, Zi	iip
Telephone	ne
Payment Authorization I authorize the Secretary of State to bill an account(s):	n amount not to exceed the following to be charged to the above listed
X	Not to Exceed Amount: USD \$