

FOR OFFICE USE ONLY		
ID#:		
WO#:		
VVO#:		
Filed:		By:
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1. FILING FEE \$10.00

For reference, see N.D.C.C., Section 10-19.1-108.

T	YPE OR PRINT LEGIBLY	SEE REVERSE SIDE FOR FEES, FIL	ING AND MAILING INSTRUCTIONS			
2	. The name of the corporation:		3. Federal ID #:			
4	4. Date when a majority of the shareholders adopted a resolution to dissolve: (month/day/year)					
5	. Place where the shareholders met and adopted the resolution to dis	ssolve: (complete address)				
6	6. Method of adoption of the resolution to dissolve: (check one) Resolution was adopted by affirmative vote of a majority of the shareholders entitled to vote; OR A written action approving the resolution to dissolve signed by a majority of the shareholders entitled to vote.					
7. "The undersigned, a person authorized by the corporation to sign this Intent to Dissolve, has read the foregoing statements, knows the contents thereof, and believes the statements made therein to be true."						
Signature:			Date:			
8	. Name of person to contact if questions about this form:	E-mail address:	Daytime telephone #:			

INSTRUCTIONS FOR BUSINESS/PROFESSIONAL/FARM CORPORATION INTENT TO DISSOLVE

According to N.D.C.C., Section 10-19.1-108, a corporation must file an Intent to Dissolve with the Secretary of State when a <u>majority of the shareholders</u> <u>entitled to vote</u> adopt a resolution to dissolve.

The following numbers correspond to the numbered sections on the front of this form.

- 1. **FILING FEE:** The filing fee is \$10.00. (Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payments may also be made by credit card using Visa, Master Card or Discover.)
- 2. Provide the corporate name exactly as currently provided in the Articles of Incorporation filed with the Secretary of State. Pay attention to punctuation and abbreviations. If the name in number 2 is not the same as registered, the name will be corrected when received by the Secretary of State.
- To properly maintain corporate records, the Federal ID number is required if the corporation has one.
- **Privacy**: In compliance with N.D.C.C., Section 10-19.1-149.1, social security or Federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate corporate files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the document.
- 4. Provide the date when the shareholders adopted the resolution to dissolve. Provide the month, day, and year.
- 5. Provide the address of the place where the shareholders met and adopted the resolution to dissolve. Provide the complete address of the place.
- 6. Check the appropriate box to indicate whether the resolution was adopted by vote of the majority of shareholders or whether adopted by written action of the majority of the shareholders.
- 7. This document must be signed and dated by an individual authorized by the corporation.

ANNUAL REPORTS: The filing of the Intent to Dissolve is not the dissolution of the corporation. If the Articles of Dissolution are not filed by the time the next annual report is due, the corporation must file the annual report to avoid involuntary dissolution for failure to report.

ASSISTANCE: If assistance is required to complete the Intent to Dissolve, contact the Secretary of State's Office.

FAX FILING: The document and Credit Card Payment Authorization may be faxed to 701-328-2992. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

Email: Email is not a secure utility for the transmission of private information or credit card authorizations. DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.

MAILING INSTRUCTIONS: Send Intent to Dissolve and fee to:

Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500

Telephone: 701-328-4284 Toll Free: 800-352-0867 (8-4284) Fax: 701-328-2992 Home Page: www.nd.gov/sos



(All items required to complete transaction) Name: Address: City: Zip Code: State: Signature: (Required by credit card companies) IVISA Discover Master Card Account Number: V # Card Expires: Month Year Date: