



Articles of Dissolution - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME OF CORPORATION:** _____

2) **DATE DISSOLUTION WAS AUTHORIZED:** _____

The dissolution was approved by a sufficient vote of the board.

3) **CHECK THE APPROPRIATE STATEMENT:**

Approval of members was not required and dissolution was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

4) **NOTICE OF DISSOLUTION:** (Public benefit and religious corporations)

Have you sent a notice of dissolution to the Charitable Activities Section of the Attorney General? For more information, see: www.doj.state.or.us/charigroup/howto.shtml

Yes or No

5) **EXECUTION:** (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Title:

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES	
Required Processing Fee	\$50
Confirmation Copy (Optional)	\$5
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	