Articles of Dissolution - Business/Professional

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

Print Form

Reset Form

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:** _____

3. **COMPLETE EITHER SECTION 4 OR 5 BELOW.**

4. None of the corporation's shares have been issued and the corporation has not commenced business. No debt of the corporation remains unpaid. A majority of the incorporators or initial directors authorized this dissolution.

   DATE OF INCORPORATION: _____

5. **CHECK THE APPROPRIATE STATEMENT:**

   ◯ All shareholders entitled to vote consented in writing to the dissolution.

   ◯ Shareholder vote on the resolution to dissolve was as follows and the number of votes cast in favor of dissolution was sufficient for approval.

Class or series of shares	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6. **EXECUTION**: By my signature, I declare as an authorized signer, 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 $100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at FilingInOregon.com using the Business Name Search program.