

FILING FEE: \$25.00

PRINT CLEARLY

OKLAHOMA NONSTOCK CERTIFICATE OF DISSOLUTION

TO: OKLAHOMA SECRETARY OF STATE

2300 N. Lincoln Blvd., Room 101, State Capitol Building

Oklahoma City, Oklahoma 73105-4897

(405) 521-3912

PLEASE NOTE: In the event of a dissolution of a not for profit corporation, a notice of dissolution has been published one (1) time in a newspaper having general circulation in the county in which the principal place of business of such corporation is located.

The undersigned, for the purpose of dissolving said corporation pursuant to Section 1097 of the Oklahoma General Corporation Act, hereby certifies:

1. The name of the corporation is:

2. The date of incorporation of such corporation is:

3. The name of its registered agent and the street address of its registered office in the State of Oklahoma is:

| Name | Street Address | City | County | Zip Code |
|--|----------------|------|--------|----------|
| <u>(P.O. BOXES ARE NOT ACCEPTABLE)</u> | | | | |

4. The date dissolution was authorized:

5. Check the applicable statement:

☐ The dissolution has been authorized by the governing body and members of the corporation.

☐ The dissolution has been authorized by a vote of the members of the corporation entitled to vote for the election of members of its governing body.

☐ If there is no member entitled to vote thereon, the dissolution of the corporation has been authorized at a meeting of the governing body, upon the adoption of a resolution to dissolve by the vote of a majority of members of its governing body then in office.

6. The names and addresses of its officers are:

| | NAME | ADDRESS | CITY | STATE | ZIP CODE |
|-----------------|------|---------|------|-------|----------|
| PRESIDENT | | | | | |
| VICE PRESIDENT | | | | | |
| SECRETARY | | | | | |
| ASST. SECRETARY | | | | | |
| TREASURER | | | | | |

7. The names and addresses of its directors are:

| | NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|------|---------|------|-------|----------|
| DIRECTOR | | | | | |
| DIRECTOR | | | | | |
| DIRECTOR | | | | | |

IN WITNESS WHEREOF, said corporation has caused this certificate of dissolution to be executed this _____ day
of _____, _____.

Signature
List Title _____

Type or Print Name

ATTEST:

Signature
List Title _____

Type or Print Name