

FILING FEE: \$50.00

PRINT CLEARLY

OKLAHOMA 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

The undersigned, for the purpose of dissolving said corporation pursuant to Section 1096 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 board of directors and shareholders of the corporation in accordance with subsections A & B of Section 1096.

OR

_____ The dissolution has been authorized by all of the shareholders of the corporation entitled to vote on a dissolution in accordance with subsection C of Section 1096.

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, if any, 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