

Filing Fee \$10.00

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**STATEMENT OF INTENT TO DISSOLVE**

**(Vote of Members or Directors)**

\_\_\_\_\_  
(Name of Corporation)

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-B MRSA §1101](#), the undersigned corporation executes and delivers for filing the following statement of intent to dissolve the corporation.

**FIRST:** The names and respective addresses of its officers and directors are:

<b>Title</b>	<b>Name</b>	<b>Address</b>
President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Clerk	_____	_____
Directors:	_____	_____
	_____	_____
	_____	_____

(List additional directors on reverse side)

**SECOND:** ("X" one box only) Exhibit A attached hereto is a copy of the resolution adopted by:

- The members of the corporation entitled to vote.
- The directors of the corporation, there being no members or no members entitled to vote.

<b>THIRD:</b>	Number of Members/Directors and Entitled to Vote	NUMBER Voted For	NUMBER Voted Against
	_____	_____	_____

Totals

**FOURTH:** All required Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Report covering the previous calendar year is not required.)

**FIFTH:** The undersigned corporation understands that the filing of this document **does not** complete the dissolution process. You must **also file** Articles of Dissolution, Form MNPCA-11D or 11E.

**SIXTH:** The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_  
 \_\_\_\_\_  
 (street, city, state and zip code)

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
 (signature)

***MUST BE COMPLETED FOR VOTE  
OF MEMBERS***

I certify that I have custody of the minutes showing  
the above action by the members.

\_\_\_\_\_  
 (signature of clerk, secretary or asst. secretary)

\_\_\_\_\_  
 (type or print name and capacity)

\*By \_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (type or print name and capacity)

**Notice of the filing of this statement shall be mailed to each known creditor of the corporation pursuant to [13-B MRSA §1101.2](#).**

\*This document **MUST** be signed by any authorized officer. ([13-B MRSA §104.1.B](#))

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**