	I	Filing Fee \$5.00	
DOMESTIC NONPROFIT CORPORATION			
	STATE OF MAINE		
DISSO	STATEMENT OF CATION OF VOLUNTARY OLUTION PROCEEDINGS Consent of Members or Directors)	Deputy Secretary of State A True Copy When Attested By Signature	
	(Name of Corporation)	Deputy Secretary of State	
	B MRSA §1102, the undersigned corporation execute ution proceedings previously authorized: The names and respective addresses of its officers are	es and delivers for filing the following statement of revocation of and directors are:	
<u>Title</u>	<u>Name</u>	<u>Address</u>	
President			
Treasurer			
Secretary			
Clerk			
Directors:			
	(List additional d	irectors on reverse side)	
SECOND:	("X" one box only) Exhibit A attached hereto is a copy of the written consent signed by:		
	☐ All members of the corporation entitled to vote.		
	☐ All directors of the corporation, there being no members or no members entitled to vote.		

(street, city, state and zip code)

		(signature)
MUST BE COMPLETED FOR VOTE OF MEMBERS		(type or print name and capacity)
Certify that I have custody of the minutes showing the above action by the members.	*By	(signature)
		(type or print name and capacity)
(signature of clerk, secretary or asst. secretary)		

^{*}This document MUST be signed by any authorized officer. (13-B MRSA §104.1.B)

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check only	v if applicable)
	required to pick up at our office in Augusta, Maine)
	s day) service: \$50 additional filing fee per entity
☐ Immediate expedited filing (same busing)	ness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filing n	nultiple documents for the <u>same entity/charter number</u> at the same time
Payment can be made by check or money order obtain a credit card voucher at https://www.maine.g	(payable to Maine Secretary of State) or by credit card. You may gov/sos/cec/forms/credit.pdf.
Total fee(s)	enclosed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)
Name and address of person to return the attested	l copy of the completed filing:
(Name	e of attested copy recipient)
	(Firm or Company)
	(Mailing Address)
	(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330