DOMESTIC NONPROFIT CORPORATION

	STATE OF MAINE					
STATEM	MENT OF INTENT TO DISSOLVE					
(Vote of Members or Directors)		Deputy Secretary of State				
		A True Copy When Attested By Signature				
	(Name of Corporation)	Deputy Secretary of State				
Pursuant to 1 the corporation		d delivers for filing the following statement of intent to dissolv				
FIRST:	The names and respective addresses of its officers and di	irectors are:				
Title	Name	Address				
President						
Treasurer						
Secretary						
Clerk						
Directors:						
	(List additional dire	ectors 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 mem	abers or no members entitled to vote.				

Filing Fee \$10.00

THIRD:	Number of Members/Directors and Entitled to Vote		Voted For	NUMBER Voted <u>Against</u>		
		Totals				
FOURTH:	The undersigned corporation understands that the filing of this document does not complete the dissolution proces You must also file Articles of Dissolution, Form MNPCA-11D or 11E.					
FIFTH:	The address of the registered office of the corporation in the State of Maine is					
		(street, city, sta	te and zip code)		_	
DATED		*By		(signature)		
MUST BE COMPLETED FOR VOTE OF MEMBERS		*By_		type or print name and capacity)		
I certify that I have custody of the minutes showing the above action by the members.				(signature)	_	
(si	gnature of clerk, secretary or asst. secretary)		(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 form to: Secretary of State

Division of Corporations, UCC and Commissions 101 State House Station, Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

:	Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101		
	Name of Entity (s):		
	List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Moof Correction, etc.) Attach additional pages as needed.	erger, Articles of Amendment, Certificate	
	Special handling request(s): (check all that apply) Hold for pick up Expedited filing - 24 hour service (\$50 additional file)		
	Expedited filing - Immediate service (\$100 additions) Total filing fee(s) enclosed: \$ Contact Information - questions regarding the above filing(s), proposed to the contact name and telephone number or email address will result in the return of the errors.	please call or email: (failure to provide a	
	(Name of contact person)	(Daytime telephone number)	
	(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	e attested copy to the following	
	(Name of attested recipient)		
	(Firm or Company)		
	(Mailing Address)		

(City, State & Zip)