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		and delivers for filing the following statement of intent to dissolv			
FIRST:	The names and respective addresses of its officers and	directors are:			
Title	Name	Address			
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 m	embers or no members entitled to vote.			

Filing Fee \$10.00

FORM NO. MNPCA-11A (1 of 2)

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 process. 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

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:						
Optional special handling request(s): (check on	aly if applicable)					
Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)					
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity					
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity					
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time					
Payment can be made by check or money orde obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.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	ed copy of the completed filing:					
(Nan	ne 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
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330