DOMESTIC NONPROFIT CORPORATION

STATE OF MAINE

STATEMENT OF REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS (Vote of Members or Directors)		Deputy Secretary of State A True Copy When Attested By Signature Deputy Secretary of State		
				voluntary disso
FIRST:	The names and respective addresses of its officers and directors are:			
<u>Title</u>	<u>Name</u>	<u>Address</u>		
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:			
SECOND.	☐ The members of the corporation entitled to vote.			
	☐ The directors of the corporation, there being no members or no members entitled to vote.			
THIRD:		n in the State of Maine is		
	(street, city,	state and zip code)		

Filing Fee \$5.00

*By	(signature)
*By	(type or print name and capacity) (signature)
	(type or print name and capacity)
]

^{*}This document MUST be signed by any duly 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 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