

Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

Instructions: File with the Secretary of State's Business and Commercial Services, 1401 W. Capitol, Suite 250, Little Rock, AR 72201 with payment of fees. A copy will be returned to the corporation at the listed address.

CERTIFICATE OF DISSOLUTION OF A CORPORATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

cor	, the President and Secretal poration duly organized, cre tify in compliance with the A	ated and existing under and by	virtue of the laws of the State	of Arkansas, do hereby
1.	At a special (or regular) meeting of the stockholders of said corporation, this dissolution has been authorized. Such meeting was held at the office of said corporation at On Name of Corporation is			
2.				
3.				
4.	The names and respective addresses of its directors are: (Please complete this information on page two.)			
5.	A copy of the shareholders resolution directing the dissolution of this corporation is attached .			
6.	The number of shares outstanding was		If the shares of any class are entitled to vote	
	as a class, the designation and number of outstanding shares of each such class are:			
7.	The number of shares whi	ch voted for the resolution was	(%).	Against the resolution was
	If the shares of any class were entitled to vote as a class, list the number of shares of each such class which voted for and against the resolution:			
	-	Number in Class	Number Voted	Number Voted
	Class			Against:(%)
			For: (%)	Against:(%)
nar Dis	ne to be subscribed by its Prosolution are true and correct	said Corporation, resident, who hereby verifies that to the best of his/her knowledg sday of	at the statements contained in e and beliefs, and its corpora	te seal hereto affixed and duly
		ning a false document with the i ble by a fine up to \$100.00 and/		
Corporate Seal			Corporation Name	
			President or Vice-President (Type or Print)	
ATTEST			Authorized Signature	
Secretary			Address	

The names and respective addresses of its OFFICERS are: (Reference Step #3) Name of Officer: ______Title of Officer: _____ Address: Name of Officer: Title of Officer: Address: Name of Officer: ______Title of Officer: _____ Address: ______ Name of Officer: ______Title of Officer: _____ Address: Name of Officer: Title of Officer: The names and respective addresses of its DIRECTORS are: (Reference Step #4) Name of Director: _____ Address: Name of Director: Address: Name of Director: Name of Director: Address:____ Name of Director: Address: