

FILING FEE: \$50.00

FILE IN DUPLICATE

PRINT CLEARLY

OKLAHOMA CERTIFICATE OF DISSOLUTION

TO: OKLAHOMA SECRETARY OF STATE
2300 N. Lincoln Blvd., Room 101, State Capitol Building
Oklahoma City, Oklahoma 73105-4897
(405) 522-4560

PLEASE NOTE: This form **MUST** be filed with a letter from the Oklahoma Tax Commission, Franchise Tax Department, stating that the franchise tax, due yearly, has been paid for the current fiscal year. This letter must state it is for the purpose of a dissolution.

The undersigned, for the purpose of dissolving said corporation pursuant to Section 1096 of the Oklahoma General Corporation Act, hereby certifies:

1. The name of the corporation is:

2. The date of incorporation of such corporation is: _____

3. The name of its registered agent and the street address of its registered office in the State of Oklahoma is:

Name	Street Address	City	County	Zip Code
<u>(P.O. BOXES ARE NOT ACCEPTABLE)</u>				

4. The date dissolution was authorized: _____

5. Check the applicable statement:

_____ The dissolution has been authorized by the board of directors and shareholders of the corporation in accordance with subsections A & B of Section 1096.

OR

_____ The dissolution has been authorized by all of the shareholders of the corporation entitled to vote on a dissolution in accordance with subsection C of Section 1096.

6. The names and addresses of its officers are:

	NAME	ADDRESS	CITY	STATE	ZIP CODE
PRESIDENT	_____				
VICE PRESIDENT	_____				
SECRETARY	_____				
ASST. SECRETARY	_____				
TREASURER	_____				

7. The names and addresses of its directors, if any, are:

	NAME	ADDRESS	CITY	STATE	ZIP CODE
DIRECTOR	_____				
DIRECTOR	_____				
DIRECTOR	_____				

IN WITNESS WHEREOF, said corporation has caused this certificate of dissolution to be executed this _____ day of _____, 19_____.

Signature

List Title _____

Type or Print Name

ATTEST:

Signature

List Title _____

Type or Print Name