

Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
For 207.777.5320 Fax 307.777.5339

Email: Business@wyo.gov

For Office Use Only

		profit Corporation cles of Dissolution		
1.	Corporation name:			
2.	Date dissolution was authorized: (Date – mm	v/dd/yyyy)		
3.	Was the dissolution approved by a sufficient ve	ote of the board of direct	ors or incorpora Yes	tors? No
1.	Does the corporation have members?		Yes	No
	If the ans If the answer to 4 is "Yes,	swer to 4 is "No," skip t ," please provide the fol		ation:
	a. Is approval of the dissolution required by th	ne members?	Yes	No
	If the answer is no, was the dissolution applincorporators?	proved by a sufficient vo	te of the board o	of directors or No
	b. If approval by members was required, the d	esignation of classes of r	nembers:	
	c. Total number of memberships outstanding:			
	d. Number of votes entitled to be cast by each of each class indisputably voting on dissolution	-	parately on disso	olution and number of votes
	Class: Votes Entitled:	Undisputed Votes Cas	st:	
	Class: Votes Entitled:	Undisputed Votes Cas	st:	
	Class: Votes Entitled:	Undisputed Votes Cas	st:	

(i) Number of votes cast for and	against dissolution by each class entit	led to vote	separately on	dissolution:			
Class:	Votes For: Votes Against:						
Class:	Votes For: Votes Against:						
Class:	Votes For: Votes Against:						
	<u>OR</u>						
(ii) Total number of undisputed	votes cast for dissolution by each class	s:					
Class:	Undisputed Votes Cast:						
Class:	Undisputed Votes Cast:						
Class:	Undisputed Votes Cast:						
f. Was the number of votes cast for dissolution by each class sufficient for approval by that class? Yes No							
5. Pursuant to W.S. 17-19-1404(a)(vi), board of directors, or the incorporators?		by anyone Yes	other than the	e members, the			
	If the answer to 5 is "No," skip to 6. ne answer to 5 is "Yes," please answer						
a. Was such approval for dissolution	obtained?	Yes	No				
NOTE: If the corporation is a public be required by W.S. 17-19-1403(a) must be				-			
Signature:	Dat						
(May be executed by the Chairman of the Board,	, President, or another of its officers.)	(mm/	/dd/yyyy)				
Print Name:	Daytime Phone I	Number:					
Title:							
Contact Person:	Email:						
Please submit one originally signally s	k or money order payable to Wyoming gned document and one exact photocop bmitting to the Secretary of State to the processing of your documents.	py of the fili	ing.	een			

e. Record votes cast by each class under either (i) or (ii):