## Form must be filed electronically.

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

## **Articles of Dissolution Nonprofit Corporation**

Filed pursuant to §7-134-103 of the Colorado Revised Statutes (C.R.S)

ID number:				
1. Entity name:				
2. Principal office address:			6	
Street address	(Street nur	mber and name)		
-	(City)	(State)	(ZIP/Postal Code)	
_	(Province – if applicable)	(Country)		
Mailing address (leave blank if same as above)	(Street number and name or Post Office Box information)			
- -	(City)	(State)	(ZIP/Postal Code)	
3. The nonprofit corporation is dissolved.	(Province – if applicable)	(Country)		
4. (Optional) Delayed effective date:	(mm/dd/yyyy)			
5. This document contains additional in	formation as provided by law	7.		

## Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

6. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	(Last)	(First)	(Middle) (S	Suffix	
	(Last)	(11131)	(made) (L	щји	
	(Street name and number or Post Office Box information)				
	(Sireer name and number of Fost Office Box information)				
				Z	
	(City)	(State)	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US	<del>)</del>		
This document contains the true na	_	one or more addition	al individuals		

## Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.