

Delaware Division of Corporations
401 Federal Street - Suite 4
Dover, DE 19901
Phone: 302-739-3073
Fax: 302-739-3812

Certificate of Dissolution

Dear Sir or Madam:

Attached please find a copy of the Certificate of Dissolution to be filed in accordance with Section 275 of the General Corporation Law of the State of Delaware. The fee to file the Certificate is \$204.00 if your document is more than 1 page, please include \$9.00 for each additional page. You will receive a stamped "Filed" copy of your submitted document. You may request a certified copy for an additional \$50. Expedited services are available. Please contact our office concerning these fees.

Please contact the Franchise Tax Section for the taxes that may be due prior to submitting your document for filing. Please make your check payable to "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

encl.
Rev. 07/04

**STATE OF DELAWARE
CERTIFICATE OF DISSOLUTION**

The corporation organized and existing under the General Corporation Law of the State of Delaware.

DOES HEREBY CERTIFY AS FOLLOWS:

The dissolution of said _____

has been duly authorized by the Board of Directors and Stockholders in accordance with subsections (a) and (b) of Section 275 of the General Corporation Law of the State of Delaware.

The date the dissolution was authorized is _____.

The following is a list of the names and addresses of the directors of the said corporation:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

The following is a list of the names and addresses of the officers of the said corporation:

NAME	OFFICE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

By: _____
Authorized Officer

Name: _____
Print or Type

Title: _____

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**Certificate of Dissolution
with Written Consent of Stockholders**

Dear Sir or Madam:

Attached please find a copy of the Certificate of Dissolution to be filed in accordance with Section 275 of the General Corporation Law of the State of Delaware. The fee to file the Certificate is \$204.00. If your document is more than 1 page, please include \$9.00 for each additional page. You will receive a stamped "Filed" copy of your submitted document. A certified copy may be requested for an additional \$50. Expedited services are available. Please contact our office concerning these fees.

Please contact the Franchise Tax Section for the taxes that may be due prior to submitting the document for filing. Please make your check payable to "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

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Sincerely,

Department of State
Division of Corporations

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rev. 07/04

**STATE OF DELAWARE
CERTIFICATE OF DISSOLUTION**

The corporation organized and existing under the General Corporation Law of the State of Delaware.

DOES HEREBY CERTIFY AS FOLLOWS:

The dissolution of said _____

_____ has been duly authorized by all the stockholders of the Corporation entitled to vote on a dissolution in accordance with subsection (c) of Section 275 of the General Corporation Law of the State of Delaware.

The date the dissolution was authorized is _____.

The following is a list of the names and addresses of the directors of the said corporation:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

The following is a list of the names and addresses of the officers of the said corporation:

NAME	OFFICE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

By: _____
Authorized Officer

Name: _____
Print or Type

Title: _____

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Fax: 302-739-3812**

**Certificate of Dissolution
Short Form**

Dear Sir or Madam:

In reply to your recent request, attached is a copy of Short Form Certificate of Dissolution to be filed in accordance with Section 275 and 391 (a) (5) (b) of the General Corporation Law of the State of Delaware. The fee to file this certificate is \$10 and you will receive a stamped "Filed" copy of your submitted document. A certified copy may be requested for an additional \$50. Expedited services are available. Please contact our office concerning these fees.

Please contact the Franchise Tax Section for the taxes that may be due prior to submitting your document for filing. Please make your check payable to "Delaware Secretary of State".

For the convenience of processing your order in a timely manner please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

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STATE OF DELAWARE
SHORT FORM CERTIFICATE OF
DISSOLUTION
(Pursuant to Sections 275 and 391(a)(5)(b))

1. Name of Corporation _____.
2. The corporation has no assets and has ceased transacting business.
3. The corporation, for each year since its incorporation in this State, has been required to pay only the minimum franchise tax then prescribed by Section 503 of the General Corporation Law of the State of Delaware.
4. The corporation has paid all franchise taxes and fees due to or assessable by this State through the end of the year in which the certificate of dissolution is filed.
5. The dissolution has been authorized by the board of directors and stockholders or by unanimous consent of stockholders on _____.
6. The names and addresses of the directors and officers of the corporation are as follows:

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. The signatory hereto acknowledges the above statements to be true.

By: _____
Authorized Officer

Name: _____

Print or Type

Title: _____