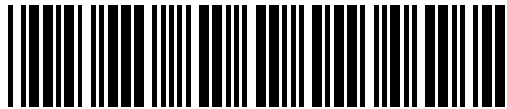




**BUSINESS/PROFESSIONAL/FARM CORPORATION
ARTICLES OF DISSOLUTION PRIOR TO ISSUANCE OF
SHARES**

SECRETARY OF STATE
SFN 13004 (08-10)



FOR OFFICE USE ONLY

| | |
|-------------|-----|
| System ID: | |
| Work Order: | |
| Filed: | By: |

1. FILING FEE \$20.00

For reference, see N.D.C.C., Section 10-19.1-106.

TYPE OR PRINT LEGIBLY

SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS.

| | | |
|---|-----------------------|---------------------------|
| 2. The name of the corporation: | | |
| 3. Date Certificate of Incorporation was issued: (month/day/year) | 4. Federal ID Number: | |
| 5. "We, the undersigned, being a majority of the <input type="checkbox"/> directors or the <input type="checkbox"/> incorporators of the above named corporation, submit Articles of Dissolution in accordance with N.D.C.C., Section 10-19.1-106 and state the following: (check the appropriate box) a) This corporation has never issued any shares; b) The amount, if any, actually received from subscribers in consideration for shares to be issued, less any expenses incurred in the organization of the corporation, has been returned to the subscribers; and c) No debts remain unpaid. We have read the foregoing Articles of Dissolution, know the contents thereof, and believe the statements made therein to be true." | | |
| Signature of Director or Incorporator: | | Date: |
| Signature of Director or Incorporator: | | Date: |
| Signature of Director or Incorporator: | | Date: |
| Signature of Director or Incorporator: | | Date: |
| 7. Name of person to contact if questions about this application: | E-mail Address: | Daytime Telephone Number: |

- The corporation never issued any shares;
- The amount, if any, actually received from subscribers in consideration for shares to be issued, less any expenses incurred in the organization of the corporation, has been returned to the subscribers; and
- No debts remain unpaid.

The following numbers correspond to the numbered sections on the front of this form.

5. Check the appropriate box to indicate if the dissolution is caused by the directors or the incorporators. This document must be signed and dated by a majority of the directors or incorporators that signed the Articles of Incorporation. An individual may not sign this document if he or she is not a director or an incorporator.
6. List the name, email address, and daytime telephone number of a contact person if this office has any questions or needs additional information to file the Articles of Dissolution.

MAILING INSTRUCTIONS: Send Articles of Dissolution and fee to:

Telephone: 701-328-4284 Toll Free: 800-352-0867 (8-4284) Fax: 701-328-2992 Home Page: www.nd.gov/sos



(All items required to complete transaction)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|----------|--|--|
| Name | | | | | | | | | | | | | | | Amount Authorized | | | | |
| Address | | | | | | | | | | City | | | | | State | | Zip Code | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover | | | | | | | | | | | | | | | Signature (Required by credit card companies) | | | | |
| Account Number | | | | | | | | | | V Number | | Card Expires Month Year | | | | | | | |
| <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> | | | | | | | | | | <div> <div></div><div></div><div></div> </div> | | <div> <div></div><div></div><div></div><div>-</div><div></div><div></div> </div> | | | Date | | | | |