



Articles of Dissolution - Cooperative

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME OF COOPERATIVE:** _____

2) **DATE OF ADOPTION OF AMENDMENT, RESTATED ARTICLES, OR DISSOLUTION:** _____

3) **MEMBER VOTE:** Number of members voting for: _____ Number of members voting against: _____

4) **SHAREHOLDER VOTE ON RESOLUTION:** (If authorized)

Total number of authorized shareholder votes	Number of votes required for adoption	Number of votes cast FOR	Number of votes cast AGAINST

DATE OF THE VOTE: _____

5) **EXECUTION:** (Must be signed by at least one officer or director.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

Title:

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

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