



New Mexico Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us

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TYPE OR PRINT LEGIBLY**

STATEMENT OF INTENT TO DISSOLVE

BY WRITTEN CONSENT OF SHAREHOLDERS

Pursuant to Section 53-16-2 of the New Mexico Business Corporation Act, the undersigned corporation submits the following statement of intent to dissolve the corporation upon written consent of all of its shareholders:

ARTICLE ONE: The name of the corporation is (include NM CORP #): _____

ARTICLE TWO: The names and respective addresses of its **officers** are: *(at least one officer must be listed)*

NAME	ADDRESS
PRES: _____	_____
V-PRES: _____	_____
SEC: _____	_____
TREAS: _____	_____

ARTICLE THREE: The names and respective addresses of its **directors** are: (at least one director must be listed)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

ARTICLE FOUR: The following written consent to dissolution of the corporation has been signed by all shareholders or signed in their names by their respective attorneys authorized to consent on their behalf or a copy of the shareholder's written consent is attached:

(continued on following page)



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We, the undersigned shareholders, hereby give our written consent to the dissolution of the corporation named in this Statement of Intent to Dissolve.

Signature of each shareholder _____

(attach additional page if needed) _____

Dated: _____

Name of Corporation

Form DPR-SDWS
(revised 6/13)

By _____
Signature of Authorized Officer



New Mexico

Secretary of State

Business Services Division

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DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: _____

Mail to (Business or Personal Name): _____

Attention (if applicable): _____

Document Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check to indicate how the documents are to be delivered

WILL PICKUP

MAIL TO ADDRESS ABOVE

Please complete the information below if different from above.

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY