



New Mexico
Secretary of State

INITIAL

RENEWAL

MAIL TO:
SECRETARY OF STATE
CORPORATIONS BUREAU
REPORT COMPLIANCE DIVISION
325 DON GASPAR, SUITE 300
SANTA FE, NEW MEXICO 87501

NONPROFIT

FILING FEE OF \$10.00 PAYABLE WITH THIS STATEMENT

STATEMENT OF SUSPENSION OF BUSINESS
(FILED IN LIEU OF CORPORATE REPORT)

THIS IS TO CERTIFY, That _____

NM CORP NUMBER _____ **a corporation organized under the laws of** _____
_____ **is no longer engaged in active business in the State of New Mexico, and**
this statement of such suspension of business is executed and filed in accordance with
Section 53-8-88.1 NMSA 1978.

Wherefore, we hereby direct that the name of the aforesaid corporation, be stricken from
the list of active corporations in the State of New Mexico, but such action shall not be
construed in any sense as a formal dissolution/withdrawal of such corporation, nor shall
such corporation be relieved thereby from any outstanding obligation.

The name and location of the registered agent and registered office of such corporation in
the State of New Mexico is _____

_____.

(TO BE SIGNED BY ANY TWO OFFICERS AND DIRECTORS)

NOTE: ANY CORPORATION IN THIS CLASS MAY BE FULLY REVIVED BY THE RESUMPTION OF
ACTIVE BUSINESS AND THE FILING OF THE ANNUAL REPORT CONTEMPLATED BY THE
PROVISIONS OF SECTION 53-8-82 NMSA 1978. STATEMENT MUST BE RENEWED EVERY FIVE
YEARS. CORPORATIONS MUST BE IN GOOD CORPORATE STANDING WITH THIS COMMISSION
PRIOR TO THE FILING OF THIS STATEMENT.

CHECK NUMBER: _____
CHECK DATE: _____
AMOUNT: _____
POSTMARK DATE: _____



New Mexico
Secretary of State
 Corporations Bureau

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

DOCUMENT DELIVERY INSTRUCTIONS

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: _____

DATE DROPPED OFF AT CORPORATIONS BUREAU: _____ TIME: _____
 - OR -
 DATE MAILED TO CORPORATIONS BUREAU: _____

Contact Business Name: _____

Contact Person Name: _____

Contact Email Address: _____

Contact Phone: _____

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:
 WILL PICKUP MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED 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. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY