



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Cooperative Association Dissolution Application Checklist

The attached application must be filled out in its entirety. All fields with an asterisk * are required

Must attach the Letter of Clearance - Issued by the Secretary of State to your application.

The filing fee is \$50. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

New Mexico Secretary of State

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501



STATE OF NEW MEXICO
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Type or Print Legibly
\$50 Filing Fee

Cooperative Association Articles of Dissolution

The undersigned, acting with authority pursuant to the provisions of the New Mexico Cooperative Association Act, adopts the following Articles of Dissolution:

Article One*: The current name and business ID number of the cooperative is:

Article Two*: The date of Incorporation is: _____

Article Three*: The date of the meeting of members at which the resolution to dissolve was adopted was: _____. A quorum of the members entitled to vote was present and the dissolution received at least two-thirds of the votes.

Article Four*: By a majority vote of the members, 3 members shall be designated as trustees, who shall, on behalf of the association and within a time fixed in their designation or within any extension thereof, liquidate its assets, pay its debts and expenses; return to the members the par value of their shares or of their membership certificates; return to subscribers the amount paid on their subscriptions, to patrons the amount of savings returns credited to their accounts toward purchase of shares or membership certificates; and distribute and surplus in either or both of the following ways, as the articles may provide: (A) among those patrons who have been members or subscribers at any time during the past 6 years, on the basis of their patronage during that period; (B) as a gift to any consumers' cooperative association or other nonprofit enterprise which may be designated in the articles.

*Executed Date:

*Signatures of Officers

*Printed Names and Titles

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US



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Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: _____

Contact Phone Number: _____

Attention: _____

Mailing Address: _____

City State Zip code

Email Address: _____

All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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