

ROSS MILLER Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov

Termination of Merger, Exchange or Conversion

(PURSUANT TO NRS CHAPTER 92A)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Termination of Articles of Merger, Exchange or Conversion (Pursuant to NRS Chapter 92A)

than two entities, see article six)	stituent and resulting entities are: (if more
Constituent Entity	
Constituent (or Resulting) Entity	
Description of the original document filed:	
3. Filing Date of the original document with the Nevada Secreta	ary of State:
4. <i>Effective Date</i> , as specified, on the original document:	
5. The aforementioned filing has been terminated pursuant to the	e plan.
6. If there are more than two entities attach an 8 1/2" x authorized signature of each additional constituent entitles.	•
7. Signatures: Must be signed by: An officer of each Nevada Nevada limited partnership; All managing partners of each Nev of each Nevada limited-liability company with managers or contrustee of each Nevada business trust. The articles of merger entity in the manner provided by the law governing it. (NRS 92A)	ada limited-liability partnership; A manager one member if there are no managers; A must be signed by each foreign constituent
Name of Constituent Entity	Date
X	
Signature	Title
Name of Constituent (or Resulting) Entity	Date
X	

FILING FEE \$350.00

Signature

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

Title



Filing Instructions for the **Amendments Division**

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

Dear Customer: We value your patronage and desire to provide you the best service possible. In an effort to facilitate your filing we would appreciate your taking a moment to read the following before submitting your document. Failure to include any of the information required on the form may cause the filing to be rejected.

-Thank vou-

- 1.) One file stamped copy of the filing will be returned at no additional charge for most filings. Dissolutions, Cancellations and Withdrawals do not receive a file stamped copy unless requested at the time of filing. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 2.) If paying for expedite service, include the word "EXPEDITE" in your correspondence.
- 3.) Verify filing is submitted on the correct form prescribed by the Secretary of State.
- 4.) Forms must include appropriate signatures as required.
- 5.) If applicable, include the appropriate names and addresses as requested on the form.
- 6.) If adding new managers or general partners, their names and addresses must be set forth.
- 7.) Documents must reflect the complete name of the entity as registered with the Secretary of State.
- 8.) Attach all pages that are referenced as attachments.
- 9.) All documents must be legible for filming and/or scanning.
- 10.) If filing restated articles (containing newly amended articles, deletions or additions), provide a form prescribed by the Secretary of State indicating which articles have been amended, deleted or added. Furthermore, the articles must contain the necessary amendment language as required by the statutes governing amendments for that type of business entity.
- 11.) Verify that the status of the entity is not revoked. Verification may be made by visiting our Web site at www.nvsos.gov or calling this office.
- 12.) The correct filing date must be provided when required.
- 13.) All required information must be completed and appropriate boxes checked or filing will be rejected.
- 14.) Please contact this office for assistance if you are unsure of the filing fee for your document.

All forms may be downloaded from our Web site www.nvsos.gov. The Nevada Revised Statutes may be obtained at http://www.leg.state.nv.us/NRS.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

MAIN OFFICE:

Regular and Expedited Filings

Secretary of State **Amendments Division** 204 North Carson Street, Suite 1 Carson City NV 89701-4520 Phone: 775-684-5708

Fax: 775-684-5731

SATELLITE OFFICE:

Expedited Filings Only

Secretary of State – Las Vegas **Commercial Recordings Division** 555 East Washington Ave, Suite 5200 Las Vegas NV 89101 Phone: 702-486-2880

Fax: 702-486-2888



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

Customer Order Instructions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested: Regular 24-Hour Expedite (additional fee included)				
Name of Entity:				Date:
Return to:				
Contact Name:			Phone:	
Return Delivery	(email or fax options	do not receive a copy v	a mail; must be ordered se	parately)
Email to:			☐ Fax to:	
☐ Hold for Pick	Up Mail to A	ddress Above	FedEx: Acct #	
Other: (explain	below)			
Order Description	n: (include items being	ordered and fee breakd	own)*	
Craor Boomptio	Tr. (merade items being	oracida ana ice bicaka	OWIII	
stamped copy ordered	s office keeps the origina d at the time of filing is at e (plus \$30.00 for each c	no charge. Each addit		ınt:
Method of Paym	ent:			
Check/Money	/ Order	Card (attach ePaymer	nt checklist) Trust A	ccount:
Use balance	remaining in job #			



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SUBMIT THIS COMPLETED FORM WITH YOUR FILING

1 or 2-Hour Expedite Customer Order Instructions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Process Service Red	<u> </u>	2-Hour Expedite additional \$500.00 fe		1-Hour Exp (additional \$100	edite 00.00 fee included)
Name of Entity:				Date:	
Return to:					
Contact Name:			Phone:		
Return Delivery	<i>r</i> :				
Email to:			□Fa	ax to:	
☐ Hold for Pick	Up Mail to Ad	ddress Above	FedEx: A	Acct #	
Other: (explain	below)				
Order Description	n: (include items being o	ordered and fee brea	ıkdown)*		
stamped copy ordered	s office keeps the original d at the time of filing is at e (plus \$30.00 for each c	no charge. Each ac		otal Amount:	
Method of Paym	ent:				
Check/Money	Order Credit	Card (attach ePaym	nent checklist)	Trust Account:	
Use balance	remaining in job#				



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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



Authorized Signature

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ePayment Checklist (For Counter, Fax and Mail Requests)

					USE BLACK	INK ONLY - DO NOT HIGHLIGHT
Service Type:	Counter	Mail	Fax			
Order Processing Reques	sted:	(Exped	ite Processi	ng <i>Requires</i>	Additional	Fees)
Regular Processing	24-H0	OUR Expedite	2	HOUR Expe	dite	1-HOUR Expedite
Payment by Card	(card holder i	name and bil	ling address	required be	elow)	
Card Type: VISA		MasterCard		Discover	Ar	nerican Express
Customer Credit Card Nu	umber:					V CODE*
	t number found on the				nd Discover care	ds
NOTICE: For security and (VCode) number located o request.	d verification pur	poses, all cred	dit card paym	ents must inc		
Credit Card Expiration Dat	te: Month		Yea	r		
			Am	ount to Ch	arge Card	: USD \$
Order Information	ı (required)					
Entity Name/Order R	deference:					
Card Holder Informa	tion:					
Name as it Appear	rs on the Accour	nt				
	Billing Addres	ss				
	City, State, Zi	ip				
	Telephon	ie				
Payment Authoriz I authorize the Secretary of account(s):		amount not to	exceed the	following to b	e charged to	the above listed
X			Nc	t to Excee	d Amount	·· USD \$