



**ARTICLES OF DISSOLUTION
OF**

[INSERT CORPORATION NAME]

I. Name

The name of the nonprofit corporation is _____
_____.

II. Resolution to Dissolve

[SELECT APPLICABLE BOX]

- The corporation has members who have voting rights. The meeting of the members at which the resolution to dissolve was adopted was held on _____ [DATE]. A quorum was present at such meeting, and such amendment received at least two-thirds of the votes entitled to be cast by members present or represented by proxy at such meeting.
- The corporation has members who have voting rights. The resolution to dissolve was adopted by consent in writing signed by all members entitled to vote with respect thereto.
- The corporation has no members who have voting rights. The resolution to dissolve was adopted at a meeting of the Board of Directors held on _____ [DATE] by a vote of a majority of the directors in office.

III. Debts, Liabilities, and Obligations

[SELECT APPLICABLE BOX]

- All debts, liabilities, and obligations of the corporation have been paid and discharged.
- Adequate provision has been made for all debts, liabilities, and obligations of the corporation.

IV. Disposition of Property



All remaining property and assets of the corporation have been transferred, conveyed, or distributed in accordance with the provisions of the Comanche Nation Nonprofit Corporation Code.

V. Pending Litigation

[SELECT APPLICABLE BOX]

- There are no suits pending against the corporation in any court.
- Adequate provisions have been made for the satisfaction of any judgment, order, or decree which may be entered against the corporation in any pending suit.

I, the undersigned, affirm that I have read these articles of dissolution, know and acknowledge the contents, and believe the statements contained within to be true. I understand that if I make a false statement, I may be subject to criminal penalties.

Signature of President or Vice President

Date

Printed Name of President or Vice President

Attest: _____
Signature of Secretary or Assistant Secretary

Date

[AFFIX
CORPORATE SEAL]

Printed Name of Secretary or Assistant Secretary



Approved by Tax Administrator: _____

Date: _____

Comanche Nation Tax Commission Office Use Only:

RECEIVED BY: _____ DATE: _____

Information verified by: _____ on this date: _____

Application fee paid, check number: _____

Approved on this date: _____

Approval sent to applicant on this date: _____