*140404*

**BARBARA K. CEGAVSKE**
**Secretary of State**
**202 North Carson Street**
**Carson City, Nevada 89701-4201**
**(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)***

1. The constituent entities, or in the case of conversion, the constituent and resulting entities are: ( if more than two entities, see article six )

Constituent Entity

Constituent (or Resulting) Entity

2. Description of the original document filed:

3. ***Filing Date*** of the original document with the Nevada Secretary of State:

4. ***Effective Date***, as specified, on the original document:

5. The aforementioned filing has been terminated pursuant to the plan.

6. ☐ If there are more than two entities attach an 8 1/2" x 11" blank sheet containing the name and authorized signature of each additional constituent entity and mark the box.

7. **Signatures:** Must be signed by: An officer of each Nevada corporation; All general partners of each Nevada limited partnership; All managing partners of each Nevada limited-liability partnership; A manager of each Nevada limited-liability company with managers or one member if there are no managers; A trustee of each Nevada business trust. The articles of merger must be signed by each foreign constituent entity in the manner provided by the law governing it. (NRS 92A.230)

Name of Constituent Entity — Date

**X**

**Signature** — Title

Name of Constituent (or Resulting) Entity — Date

**X**

**Signature** — Title

**FILING FEE $350.00**

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

*This form must be accompanied by appropriate fees*

**PRINT**

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# 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 you-**

**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**
**202 North Carson Street**
**Carson City NV 89701-4201**
**Phone: 775-684-5708**
**Fax: 775-684-5731**

**SATELLITE OFFICE:**
***Expedited Filings Only***

**Secretary of State – Las Vegas**
**North Las Vegas City Hall**
**2250 North Las Vegas Blvd, 4th Floor**
**North Las Vegas, NV 89030**
**Phone: 702-486-2880**
**Fax: 702-486-2888**

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# Customer Order Instructions

**SUBMIT THIS COMPLETED FORM WITH YOUR FILING**

**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 via mail; must be ordered separately)

☐ Email to: _____ ☐ Fax to: _____

☐ Hold for Pick Up ☐ Mail to Address Above ☐ FedEx: Acct # _____

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*****

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **$2.00** per page (plus **$30.00** for each certification).

Total Amount: _____

Method of Payment:

☐ Check/Money Order ☐ Credit Card (attach ePayment checklist) ☐ Trust Account: _____

☐ Use balance remaining in job # _____

**PRINT**

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# 1 or 2-Hour Expedite Customer Order Instructions

**SUBMIT THIS COMPLETED FORM WITH YOUR FILING**

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

Processing Service Requested:

☐ 2-Hour Expedite (additional **$500.00** fee included)

☐ 1-Hour Expedite (additional **$1000.00** fee included)

Name of Entity: _____ Date: _____

Return to: _____

Contact Name: _____ Phone: _____

**Return Delivery:**

☐ Email to: _____ ☐ Fax to: _____

☐ Hold for Pick Up ☐ Mail to Address Above ☐ FedEx: Acct # _____

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*****

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **$2.00** per page (plus **$30.00** for each certification).

Total Amount: _____

Method of Payment:

☐ Check/Money Order ☐ Credit Card (attach ePayment checklist) ☐ Trust Account: _____

☐ Use balance remaining in job # _____

**PRINT**

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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.**

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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 Requested: **(Expedite Processing *Requires* Additional Fees)**

☐ Regular Processing ☐ **24-HOUR** Expedite ☐ **2-HOUR** Expedite ☐ **1-HOUR** Expedite

## Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number: V CODE*

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

**NOTICE:** *For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month Year

**Amount to Charge Card:** USD $

## Order Information *(required)*

**Entity Name/Order Reference:**

**Card Holder Information:**

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone Ext

## Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**

**Authorized Signature**

**Not to Exceed Amount:** USD $

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