BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Certificate of Resignation of Officer, Director, Manager, Member, General Partner, Trustee or Subscriber

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).
2. Name and title(s) of person that desires to resign.
3. SIGNATURE(S): Must be signed by Authorized Signer. Form will be returned if unsigned.

Resignation of one person from one entity per form.

If resigning from the position of registered agent, a separate Registered Agent Resignation form must be submitted with appropriate fee.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: Entity or Nevada Business Identification Number (NVID):
2. Name and title(s):	Name: Title(s):
3. Signature: (Required)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. Date **X** _____ **Signature**

This form must be accompanied by appropriate fees.