



# New Mexico Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501  
(800) 477-3632 · www.sos.state.nm.us

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## STATEMENT OF INTENT TO DISSOLVE

### BY WRITTEN CONSENT OF SHAREHOLDERS

Pursuant to Section 53-16-2 of the New Mexico Business Corporation Act, the undersigned corporation submits the following statement of intent to dissolve the corporation upon written consent of all of its shareholders:

**ARTICLE ONE:** The name of the corporation is (include NM CORP #): \_\_\_\_\_

**ARTICLE TWO:** The names and respective addresses of its **officers** are: *(at least one officer must be listed)*

NAME	ADDRESS
PRES: _____	_____
V-PRES: _____	_____
SEC: _____	_____
TREAS: _____	_____

**ARTICLE THREE:** The names and respective addresses of its **directors** are: (at least one director must be listed)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

**ARTICLE FOUR:** The following written consent to dissolution of the corporation has been signed by all shareholders or signed in their names by their respective attorneys authorized to consent on their behalf or a copy of the shareholder's written consent is attached:

*(continued on following page)*



**New Mexico**  
**Secretary of State**

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We, the undersigned shareholders, hereby give our written consent to the dissolution of the corporation named in this Statement of Intent to Dissolve.

**Signature of each shareholder** \_\_\_\_\_

*(attach additional page if needed)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation

**Form DPR-SDWS**  
(revised 6/13)

By \_\_\_\_\_  
Signature of Authorized Officer



New Mexico  
**Secretary of State**  
 Corporations Bureau

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**DOCUMENT DELIVERY INSTRUCTIONS**

(You **MUST** have one Document Delivery Instruction form for **each** filing being submitted)  
 (DO NOT use this form for Partnerships, UCC or Trademarks)

ENTITY NAME on filing: \_\_\_\_\_

DATE DROPPED OFF AT CORPORATIONS BUREAU: \_\_\_\_\_ TIME: \_\_\_\_\_  
 - OR -  
 DATE MAILED TO CORPORATIONS BUREAU: \_\_\_\_\_

Contact Business Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Please indicate if you will pick up your documents upon completion OR you would like them mailed

Please check to indicate how documents are to be delivered:  
 WILL PICKUP  MAIL TO ADDRESS BELOW

Documents will be mailed to:

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND CAN BE PICKED UP, DOCUMENTS **WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS**. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. (If you contact our office at 800-477-3632 and notify us that you are not able to pick up within that time frame, please let us know when you will be in for your documents.)

Thank You

**DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY**