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Articles of Dissolution - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED: JUL 29, 2020
OREGON SECRETARY OF STATE
10463016-21299581
DESERT TRAIL ASSOCIATION
DISART

REGISTRY NUMBER: 104630-16

In accordance with Oregon Revised Statute 192.410-192.490, the information on this appli
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. **ENTITY NAME:** Desert Trail Association

2. **DATE DISSOLUTION WAS AUTHORIZED:** May 22, 2020

(●) The dissolution was approved by a sufficient vote of the board.

3. **CHECK THE APPROPRIATE STATEMENT:**

(●) Approval of members was not required and dissolution was approved by a sufficient vote of the board of directors or incorporators.

( ) Membership approval was required.

The vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

4. **NOTICE OF DISSOLUTION:** (Public benefit and religious corporations)

By submission of this form to the Corporation Division, you are acknowledging that notice of dissolution has also been sent to the Charitable Activities Section of the Attorney General.

(For more information, see: http://www.doj.state.or.us/charigroup/pages/howtoclose.aspx)

5. **EXECUTION:** I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:	Printed Name:	Title:
[signature]	Dan Chamness	Secy-Treasurer

CONTACT NAME: (To resolve questions with this filing)

Dan Chamness

PHONE NUMBER: (Include area code)

541-815-6597

FEES

Required Processing Fee $50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program