



**STATEMENT OF TERMINATION (VERMONT MBE) OR
NOTICE OF CANCELATION (FOREIGN MBE)** of a
Mutual Benefit Enterprise (MBE) registered with the Vermont
Secretary of State

Business ID: _____

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

Processed by: _____
FOR OFFICE USE ONLY

1. MUTUAL BENEFIT ENTERPRISE: REQUIRED- AS CURRENTLY ON RECORD WITH THE VERMONT SECRETARY OF STATE

- a. **Business Name:** _____
- b. **Jurisdiction of Organization:** FOREIGN MBE ONLY – US STATE OR NON-US COUNTRY _____
- c. **Date of Initial Filing:** WITH THE VERMONT SECRETARY OF STATE _____

2. STATEMENT OF TERMINATION: REQUIRED

The organization and existence, or certificate of authority, of the above named Enterprise is hereby terminated or canceled.

3. POINT OF CONTACT FOR SERVICE OF PROCESS FOLLOWING CANCELATION: REQUIRED:

- a. **Name:** _____
- b. **Physical Address: NO PO BOX** _____
 City/Town: _____ State: _____ ZIP: _____ - _____
- c. **Mailing Address:** _____
 City/Town: _____ State: _____ ZIP: _____ - _____

4. EFFECTIVE DATE OPTIONAL _____
MAY BE POST-DATED UP TO 90 DAYS FROM DATE OF RECEIPT

CERTIFICATION OF DOCUMENT: REQUIRED

I hereby certify, under penalty of law (11C V.S.A. § 205), as a current officer or director of this Enterprise, that the above information is accurate, and this document is provided in duplicate with a Check or Money Order made payable to "VT SOS" in the amount of \$20.00.

 Printed Name of Director or Agent Signature Title Date