



**State of Utah
 DEPARTMENT OF COMMERCE
 Division of Corporations & Commercial Code
 Application of Dissolution
 Limited Cooperative Association**

Entity Number: _____

Pursuant to the provisions of the Uniform Limited Cooperative Association Act, the undersigned directors or incorporators adopt the following Articles of Dissolution.

1): Limited Cooperative Association Name: _____

2): The date the LCA dissolved or will dissolve: _____

3): The address of the LCA's principal office or other address where service of process may be mailed:

Street Address	City	State	Zip
(Utah Street Address Required, PO Boxes can be listed after the street address)			

Under penalties of perjury I declare that these Articles of Dissolution have been examined by me and are, to the best of my knowledge and belief, true, correct and complete.

By: _____ Title: _____ Date: _____

If the filer requests a copy of the **Application of Dissolution** an additional exact copy of the filed document along with a return-addressed envelope with adequate first-class postage must also be submitted.

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.