



ARTICLES OF DISSOLUTION - COOPERATIVE

- A. The name of the cooperative is _____
- B. The cooperative's principal office or registered agent is in _____ county, WI.
- C. A resolution to dissolve the cooperative was adopted on _____ (date).
- D. All liquidation proceedings have been completed in compliance with law, the articles of association, and the by-laws.
- E. The names and addresses of the persons (directors or others) constituting the committee having charge of liquidating the affairs of the cooperative are:

Name and Address:	Signature: _____ (date)

This document was drafted by _____
(Name of the individual who drafted the document)

ARTICLES OF DISSOLUTION (Cooperative)

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▲ Your **name, return address** and **phone number** during the day: () _____ - _____

INSTRUCTIONS (Ref. sec. 185.71 (4) , Wis. Stats. for document content)

Submit two signed copies to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with two separate checks, one for the **FILING FEE** and the other for the county **RECORDING FEE** (see instructions below). Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). Both copies must bear original manual signatures. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

- A. Enter the name of the cooperative.
- B. Provide the name of the county within which the cooperative has its principal office or its registered agent.
- C. Enter the date of adoption of the resolution of dissolution.
- D. This statement is an affirmation by the committee that the liquidation of the cooperation was accomplished in accordance with law, the articles of association of the cooperative, and its by-laws.
- E. Enter the name and business address of the persons (directors or others) constituting the committee having charge of liquidating the affairs of the cooperative. If the space provided is insufficient, schedule the additional persons on an attached page. The articles of dissolution are to be **signed** by at least a majority of the committee.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

FILING FEE - \$5.00. Make check payable to **Department of Financial Institutions**.

RECORDING FEE - \$30.00. For reference to Register of Deeds fees, go to www.wrdaonline.org. Make check payable to **Register of Deeds**, but submit the check to the Department of Financial Institutions with the document. The department will forward the check and a copy of the filed document to the Register of Deeds for recording.