

## TERMINATION OF MERGER OR CONSOLIDATION

1. The name and jurisdiction of formation or organization of each of the constituent companies are:

NAME

JURISDICTION OF FORMATION

---

---

---

2. An agreement of merger or consolidation has been filed with the Secretary of the Nation but has not become effective

**OR**

A certificate filed with the Secretary of the Nation in lieu thereof has been filed but has not become effective.

3. At this time \_\_\_\_\_  
wishes to terminate the Agreement of merger or consolidation/certificate of merger or consolidation  
(circle one)

4. A copy of the termination of merger or consolidation shall be furnished upon request and without cost, to any person holding an interest in any constituent entity which was to merge or consolidate.

IN WITNESS WHEREOF, the constituent corporation has caused this termination or merger or consolidation to be executed by its President or Vice President and attested by its Secretary or Assistant Secretary this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
By its \_\_\_\_\_ President

\_\_\_\_\_  
Please Print Name

ATTEST:

\_\_\_\_\_  
By its \_\_\_\_\_ Secretary

\_\_\_\_\_  
Please Print Name

