



New Mexico
Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us

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TYPE OR PRINT LEGIBLY

**Foreign Profit Corporation
APPLICATION FOR CERTIFICATE OF WITHDRAWAL**

The undersigned corporation, in order to apply for a Certificate of Withdrawal under the New Mexico Business Corporation Act, submits the following statement to the Secretary of State:

1. The name of the corporation is (include NM CORP#): _____

2. It is incorporated under the laws of: _____

3. It is not transacting business in New Mexico. It surrenders its authority to transact business in New Mexico. It revokes the authority of its registered agent in New Mexico to accept service of process, and consents that service of process in any action, suit or proceeding based upon any cause of action arising in New Mexico may thereafter be made on it by service thereof on the Secretary of State of New Mexico.

4. The mailing address to which the Secretary of State of New Mexico may mail a copy of any process against the corporation that may be served on it is:

5. The aggregate number of shares which it has authority to issue as of the date of this application, itemized by class and series, if any, within each class is:

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6. The aggregate number of shares that have been issued as of the date of this application, itemized by class and series, if any, within each class is:

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Dated: _____

Name of Corporation

By _____
Signature of Authorized Officer

THE CLEARANCES FOR WITHDRAWAL ISSUED BY THE FOLLOWING NEW MEXICO STATE AGENCIES MUST BE ATTACHED TO THIS DOCUMENT:

- 1) Taxation and Revenue Department (“*Certificate of No Tax Due*”)**
- 2) Department of Labor (“*Certificate of Compliance*”)**
- 3) Secretary of State (“*Letter of Clearance*”)**



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Business Services Division

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DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: _____

Mail to (Business or Personal Name): _____

Attention (if applicable): _____

Document Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check to indicate how the documents are to be delivered

WILL PICKUP

MAIL TO ADDRESS ABOVE

Please complete the information below if different from above.

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY