



New Mexico Secretary of State

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

Initial Renewal

Mail to: Secretary of State Corporation Department Report Compliance Bureau 325 Don Gaspar, Suite 300 PROFIT Santa Fe, NM 87501

FILING FEE OF \$25.00 PAYABLE WITH THIS STATEMENT

STATEMENT OF SUSPENSION OF BUSINESS

(FILED IN LIEU OF CORPORATE REPORT)

THIS IS TO CERTIFY, That \_\_\_\_\_ NM CORP Number \_\_\_\_\_

\_\_\_\_\_ a corporation organized under the laws of \_\_\_\_\_, is no longer engaged in active business in the State of New Mexico, and this statement of such suspension of business is executed and filed in accordance with Section 53-5-9 NMSA 1978.

Wherefore, we hereby direct that the name of the aforesaid corporation, be stricken from the list of active corporations in the State of New Mexico, but such action shall not be construed in any sense as a formal dissolution/withdrawal of such corporation, nor shall such corporation be relieved thereby from any outstanding obligation.

The name and location of the registered agent and registered office of such corporation in the State of New Mexico is \_\_\_\_\_

Dated: \_\_\_\_\_

(TO BE SIGNED BY ANY TWO OFFICERS, DIRECTORS OR STOCKHOLDERS)

NOTE--Any corporation in this class may be fully revived by the resumption of active business and the filing of the biennial profit corporate report contemplated by the provisions of Section 53-5-9 NMSA 1978. Statement must be renewed every five years. Corporation must be in good corporate standing with the Secretary of State prior to filing this statement.



New Mexico

# Secretary of State

Business Services Division

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501

(800) 477-3632 · www.sos.state.nm.us

## 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**