

Secretary of State Business Programs Division Business Entities, 1500 11th Street, 3rd Floor, Sacramento, CA 95814

Business Entity Document Filing Request Form

For faster service, file online at <u>bizfileOnline.sos.ca.gov</u>.

Name: DAVID LONG- Address: 1017 L STREET #299 City/State/Zip: SACRAMENTO, CA 95814	Phone #: 510 - 847 - 4/03
Attn:	
ntity Name: (Please type or print legibly.) AULON ARCH エルシボス	Document Type: (Please check one.)
corporation Limited Liability Company Limited Partnership Other	Initial Filing/Registration Amendment Termination Merger Conversion Other
Note: Documents submitted in person must be a (notated on the form) and a \$15.00 special handlii whether the document is filed. Documents that are	ig fee. All fees are non-refundable, regardless of

- for correction, a copy of the correction letter <u>must</u> be included upon resubmittal.

 Checks should be made payable to the Secretary of State. All fees may be submitted using a single check.
- If neither the "Mail Back" nor "Pick Up" box is checked above, the filing response will be returned by mail.

Committee of	Secretary of State	DISS STK	
(3.5	Certificate of Dissolution California Stock Corporation ONLY))-	
CLIFOANIL	(California Stock Corporation ONLT)		
There is No Fee	for filing a Certificate of Dissolution - S	tock	
	(Optional) - \$5.00		
			This Space For Office Use Only
1. Corporate Na	me (Enter the exact name of the Corporatio	n as it is recorded	2. Secretary of State Entity Number
1. Corporate Name (Enter the exact name of the Corporation as it is recorded with the California Secretary of State.)		4013358	
AULON	ARCH INDEX		707338
3. Election			
The dissolut	ion was made by a vote of ALL of the	e shareholders o	f the California corporation.
Note: If the all or together with	bove box is not checked, a Certificate of E h this Certificate of Dissolution. (California	Election to Wind Up Corporations Code	o and Dissolve (Form ELEC STK) must be filed prior to section 1901.)
4. Debts and Lia	bilities (Check the applicable staten include the required information	nent. Only one bo	ox may be checked. If second box is checked, must)
The known d	lebts and liabilities have been actual	ly paid or paid as	far as its assets permitted.
assumption.	Included in the attachment to this	certificate, incorp	or in full or as far as its assets permitted by their corated herein by this reference, is a description
of the provis	ions made and the name and addr guaranteed the payment, or the depo	ess of the personsitory institution	on, corporation or government agency that has with which deposit has been made.
	ion never incurred any known debts		
5. Required State	ments (Do not alter the Required Staten	nents - ALL must b	e true to file Form DISS STK.)
The Corporat All final retur California Fra	ion has been completely wound up ns required under the California R nchise Tax Board.	and is dissolved evenue and Tax	
	ate and Sign Below		
The undersigned is	the sole director or a majority of	the directors no ters set forth in	ow in office. I declare under penalty of perjury this certificate are true and correct of my own
	•	-	24
72/21/23 Date	Signature		Type or Print Name
Date	Oliginature		. 75- 51
Date	Signature		Type or Print Name
Date	Signature		Type or Print Name

18	Secretary of State	ELEC STK	
	Certificate of Election to Win Dissolve		
TI IT OR HIL	(California Stock Corporation ONLY)		
There is No I Dissolve - Sto	Fee for filing a Certificate of Election to Willock	nd Up and	
Certification	Fee (Optional) - \$5.00		
			T1: 0
1. Corporate	Name (Enter the exact name of the corporation	as it is recorded	This Space For Office Use Only 2. Secretary of State Entity Number
with the Calif	fornia Secretary of State.)	do it is recorded	2. Ostrolary or State Linkly Number
Aulon Arch I	index		4013358
3. Election	(Check the applicable statement. Only one shares (do not enter the percentage of shar was made by all of the shareholders and that	es). Note: This Fo	cked. If the first box is checked, enter the number of rm ELEC STK is not required when the vote to dissolve Certificate of Dissolution (Form DISS STK).)
	ion was made by the vote of		shares of the corporation, and representing at
The corpo	pration has not issued any shares; the el	ection was made	by the board of directors of the corporation.
4. Required S	statement (This Statement is required. Do no	ot alter.)	
The corporation	has elected to wind up and dissolve.		
5. Signatory A	Authority (Check the applicable statement.	Only one box may	be checked.)
The undersigned	d is/are the:		
Sole direct	tor or a majority of the directors now in o	office of the above	re-named corporation.
	on of the board, president or vice precretary or assistant treasurer of the ab		e secretary, chief financial officer, treasurer, poration.
	er(s) authorized to sign this certificate big power of the above-named corporation		nolding shares representing at least 50 percent
. Read, Verify	, Date and Sign Below		
declare under pre true and com	penalty of perjury under the laws of the ect of my own knowledge.	State of Califo	rnia that the matters set forth in this certificate
12/2/20	2 Des	-	Dansin
Date	Signature		Type or Print Name
Date	Signature		Type or Print Name
Date	Signature		Type or Print Name

