## 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>.

Address: 1017 L STRET #299  Phone #: 50-847-4/03  Email: DAVIDONG ALLONG  Attn: Return Method: (Please check one.)  Mail Back Pick Up  Entity Name: (Please type or print legibly.)  AULON ARCH INDEX II  Entity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Merger  Conversion  Other	Phone #: 510-847-4103  EMAILENTO, CA 95814  Return Method: (Please check one.)  Mail Back Pick Up  e type or print legibly.)  c check one.)  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Phone #:	This document is being processed for: (Please t	ype or print legibly.)	
Address: 1017 L STRET #299  Phone #: 50-847-4/03  Email: DAVIDONG ALLONG  Attn: Return Method: (Please check one.)  Mail Back Pick Up  Entity Name: (Please type or print legibly.)  AULON ARCH INDEX II  Entity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Merger  Conversion  Other	Phone #:	Phone #:	Name: DAVID LONG	Date: _/2/21/20	23
Return Method: (Please check one.)    Mail Back   Pick Up	Return Method: (Please check one.)  Mail Back Pick Up  e type or print legibly.)  c check one.)  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Return Method: (Please check one.)  Mail Back Pick Up  Rity Name: (Please type or print legibly.)  Document Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Return Method: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Address: 1017 L STREET #2	99 Phone #: 5/0-84	7-4103
Return Method: (Please check one.)    Mail Back   Pick Up	Return Method: (Please check one.)  Mail Back Pick Up  e type or print legibly.)  check one.)  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Return Method: (Please check one.)    Mail Back   Pick Up	City/State/Zip: SACRAMENTO, CA 95	8/4 Email: DAVIDLON	60 ALLONARS
Entity Name: (Please type or print legibly.)  AULON ARCH TNDEX II  Entity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	e type or print legibly.)  CH TNDEX II  check one.)  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	tity Name: (Please type or print legibly.)    Corporation			ease check one.)
Entity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Company  Company  Company  Company  Company  Conversion  Other	tity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other		Mail Back	Pick Up
Entity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Document Type: (Please check one.)  Company  Company  Amendment  Termination  Merger  Conversion  Other	tity Type: (Please check one.)  Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Entity Name: (Please type or print legibly.)	_	
Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Corporation  Limited Liability Company  Limited Partnership  Other  Document Type: (Please check one.)  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other			
Corporation  Limited Liability Company  Limited Partnership  Other  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Corporation  Limited Liability Company  Limited Partnership  Other  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	AULON ARCH INDEX IL		
Corporation  Limited Liability Company  Limited Partnership  Other  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Company  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other	Corporation  Limited Liability Company  Limited Partnership  Other  Initial Filing/Registration  Amendment  Termination  Merger  Conversion  Other			
Limited Liability Company  Limited Partnership  Other  Amendment  Termination  Merger  Conversion  Other	Company  Amendment  Termination  Merger  Conversion  Other	Limited Liability Company  Limited Partnership  Other  Amendment  Termination  Merger  Conversion  Other	intity Type: (Please check one.)	Document Type: (Please check	one.)
Limited Partnership  Other  Termination  Merger  Conversion  Other	Termination  Merger  Conversion  Other	Other  Termination  Merger  Conversion  Other	Corporation	Initial Filing/Registration	202
Limited Partnership  Other  Termination  Merger  Conversion  Other	Termination  Merger  Conversion  Other	Other  Termination  Merger  Conversion  Other	Limited Liability Company	Amendment	
Other Merger Conversion Other	Merger Conversion Other	Other  Merger Conversion Other	Limited Partnership	Termination	2 2
Conversion Other	Conversion Other	(')	Other	Merger	-<
Other P	Other	(')		Conversion	
1.00		(')		Other	
1 1 7	1 (')	ecial Instructions:	100		
Special Instructions:	s:		pecial Instructions:		
			Note: Documents submitted in person must	be accompanied by both the docum	ent processing fee
Note: Documents submitted in person must be accompanied by both the document processing	s submitted in person must be accompanied by both the document processing fee	Note: Documents submitted in person must be accompanied by both the document processing fee	, , , , , , , , , , , , , , , , , , ,	nandiina tee Ali lees ale libli-leiuliu	abic, logulatore .
, , , , , , , , , , , , , , , , , , ,	famel and a fife on chocke handling the All thes are fibrille diffusion to the	Note: Documents submitted in person must be accompanied by both the document processing fee (notated on the form) and a \$15.00 special handling fee. All fees are non-refundable, regardless of	the design of the Documents the	at are sent back for correction can be	leanpillitted live of
(notated on the form) and a \$15.00 special handling lee. All lees are horrestindable, regulated free	form) and a \$15.00 special handling fee. All fees are non-returnable, regulates of	(notated on the form) and a \$15.00 special handling fee. All fees are non-retaindable, regulated free of	charge for 30 days after the document is initially	y reviewed. If the document has been plant be included upon resubmittal.	ileviously com such
(notated on the form) and a \$15.00 special handling fee. All fees are hon-returnable, registrated whether the document is filed. Documents that are sent back for correction can be resubmitted free charge for 30 days after the document is initially reviewed. If the document has been previously sent by	form) and a \$15.00 special handling fee. All fees are non-returnable, regulated for correction can be resubmitted free of a safer the document is initially reviewed. If the document has been previously sent back	(notated on the form) and a \$15.00 special handling fee. All fees are non-retaindable, regardless whether the document is filed. Documents that are sent back for correction can be resubmitted free of charge for 30 days after the document is initially reviewed. If the document has been previously sent back	Observe should be made payable to the Secreta	ary of State. All fees may be submitted u	sing a single check.
(notated on the form) and a \$15.00 special handling fee. All fees are hon-returnable, registrated whether the document is filed. Documents that are sent back for correction can be resubmitted free charge for 30 days after the document is initially reviewed. If the document has been previously sent be for correction, a copy of the correction letter must be included upon resubmittal.	form) and a \$15.00 special handling fee. All fees are non-returnable, regulated by ument is filed. Documents that are sent back for correction can be resubmitted free of a safter the document is initially reviewed. If the document has been previously sent back copy of the correction letter must be included upon resubmittal.	(notated on the form) and a \$15.00 special handling fee. All fees are non-retaindable, regardless of whether the document is filed. Documents that are sent back for correction can be resubmitted free of charge for 30 days after the document is initially reviewed. If the document has been previously sent back	If neither the "Mail Back" nor "Pick Up" box is cl	,	returned by mail

	Secretary of State	ELEC STK	
	Certificate of Election to Wind	d Up and	
CLIFORNI	Dissolve (California Stock Corporation ONLY)		
There is No F Dissolve - Sto	ee for filing a Certificate of Election to Win	d Up and	
Certification	Fee (Optional) – \$5.00		
			This Space For Office Use Only
	Name (Enter the exact name of the corporation	as it is recorded	2. Secretary of State Entity Number
with the Califo Aulon Arch I	ornia Secretary of State.) ndex II		
4253852			
3. Election	(Check the applicable statement. Only <b>one</b> shares ( <b>do not</b> enter the percentage of share was made by all of the shareholders and that f	s). Note: This Fo	cked. If the first box is checked, enter the <b>number</b> 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
	63	ection was made	by the board of directors of the corporation.
4. Required S	statement (This Statement is required. Do no	t alter )	
	has elected to wind up and dissolve.		
	Authority (Check the applicable statement. C	Only one how may	ha sheeked \
			- Clecked.)
The undersigned		ffice of the abou	no nomed company
	tor or a majority of the directors now in o		e secretary, chief financial officer, treasurer,
	secretary or assistant treasurer of the abo		
	er(s) authorized to sign this certificate by ng power of the above-named corporatio		holding shares representing at least 50 percent
6. Read, Verify	, Date and Sign Below		
declare under pare true and corr	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	1 / 02		**** / 04/
12/21/202	Signature		Type or Print Name
Date	Signature		Type or Print Name

ELEC STK (REV 03/2022)

CHARLES OF	Secretary of State	DISS STK	
2	Certificate of Dissolution		
	(California Stock Corporation ONL)	()	
	e for filing a Certificate of Dissolution - : ee (Optional) - \$5.00	Stock	This Space For Office Use Only
1. Corporate N	Name (Enter the exact name of the Corporati	on as it is recorded	2. Secretary of State Entity Number
with the Californ	nia Secretary of State.)  ARCH INDE II		4253852
3. Election			
The dissol	ution was made by a vote of ALL of the	ne shareholders of	the California corporation.
Note: If the or together v	above box is not checked, a <b>Certificate of</b> with this Certificate of Dissolution. (California	Election to Wind Up a Corporations Code	and Dissolve (Form ELEC STK) must be filed prior to section 1901.)
4. Debts and Li	abilities (Check the applicable stater include the required information	ment. Only one bo	x may be checked. If second box is checked, must .
The known assumption of the provassumed or	n. Included in the attachment to this	uately provided for certificate, incorp ress of the person pository institution	r in full or as far as its assets permitted by their orated herein by this reference, is a description n, corporation or government agency that has
5. Required Stat	tements (Do not alter the Required Stater	ments - ALL must be	e true to file Form DISS STK.)
<ul> <li>b. All final retu</li> <li>California Fr</li> </ul>	anchise Tax Board.	Revenue and Tax	ation Code have been or will be filed with the thereto or the corporation acquired no known
6. Read, Verify, D	Date and Sign Below		
The undersigned i under the laws of knowledge.	is the sole director or a majority of the State of California that the ma	the directors no tters set forth in	w in office. I declare under penalty of perjury this certificate are true and correct of my own
12/2/22	> -		71.45
Date	Signature		Type or Print Name
Date	Signature		Type or Print Name
		<u> </u>	
Date	Signature		Type or Print Name