DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## ARTICLES OF TERMINATION LIMITED LIABILITY COMPANY

Read the Instructions L031i

| 1.  | ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:  KDT, L.L.C.  |
|-----|--|
| 2.  | <b>STATEMENT CONCERNING PROPERTIES AND ASSETS -</b> by the signature appearing below, the limited liability company named in number 1 above affirms or certifies under penalty of perjury that all of its known properties and assets have been applied and distributed pursuant to chapter 7, title 29 of the Arizona Revised Statutes. |
| SIG | By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.  I ACCEPT  |
| ,   | Douglas H Clark Jr  Printed Name  Date (mm/dd/yyyy)  |
| _   | QUIRED — check only one and the corresponding blank if signing for an entity:  I am an individual authorized to sign this document.  I am signing on behalf of an entity that is authorized to sign this document.   |

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

Filing Fee: \$35.00 (regular processing)

All fees are nonrefundable - see Instructions.

Arizona Corporation Commission - Examination Section

1300 W. Washington St., Phoenix, Arizona 85007

Fax (for Regular or Expedite Service ONLY): 602-542-4100

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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

## **COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT \*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\*

| WHAT ARE Y  | E YOU FILING?  |  |  |
|---|--|--|--|
| ☐ New Entit   | ntity  | ✓ Change to existing entity                |  |
| ENTITY NAM  | AME - give the exact name of the entity as currently shown in A.C.O  | C. records:                                |  |
| KDT, L.L.C.   | <u> </u>   |  |  |
|   |  | y only the filing fee                      |  |
| submitted docume  | nt phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service wument(s) and only guarantees that the document(s) will be examined within the stated time framing fees are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.     | nes. All fees are nonrefundable.           |  |
|   | DITED PROCESSING, ADD \$35.00  SAME DAY SERVICE Document will be examined to be received by 10:00am MST  | CE, ADD \$200.00<br>by 5:00pm MST and must |  |
| TWO-HOUR SERVICE, ADD \$400.00  Document will be examined within 2-hours of submission Must be received by 3:00pm MST  NEXT DAY SERVICE, ADD \$100.00  Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST |  |  |  |
| PAYMENT:  | 7  |  |  |
| MOD Acc   | Account #: Total amount to deduct:   |  |  |
| of good standing  | ers; temporary checks (new accounts).  s - may be used for in-person submittals, and for online corporation annual reports, online name ding. We accept only Visa or MasterCard.  D - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVER | only ONE):                                 |  |
|   | Email address REQUIRED: jarchibald@mcrazlaw.com  |  |  |
| <b>✓</b> Email  | Phone number REQUIRED: 520-624-8886  |  |  |
| ☐ Pick up   | Name:  |  |  |
| гіск ир   | Phone number REQUIRED:   |  |  |
|   | Name:  |  |  |
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|   | City: State:   | Zip:                                       |  |
|   | Phone number REQUIRED:   |  |  |
| DOCUMENTS   | ITS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (AP  | PROXIMATELY ONE WEEK)                      |  |
|   | FOR ARIZONA CORPORATION COMMISSION USE ONLY  |  |  |
| PICK-UP   | UP BY: DAT   | TE:  |  |

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