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## ARTICLES OF TERMINATION LIMITED LIABILITY COMPANY

Read the Instructions L031i

| 1.  | ENTITY NAME – give the exact name of the  | records:   |                   |  |  |
|-----|---|--|-------------------|--|--|
|     | MOUNTAIN GOAT HOLDINGS LLC  |  |                   |  |  |
|     |   |  |                   |  |  |
|     |   |  |                   |  |  |
| 2.  | STATEMENT CONCERNING PROPERTIES AND ASSETS - by the signature appearing below, the limited liability company named in number 1 above affirms or certifies under penalty of perjury the all of its known properties and assets have been applied and distributed pursuant to chapter 7, titl 29 of the Arizona Revised Statutes. |  |                   |  |  |
| SI  | GRATURE: By checking the box marked "I ac of law that this document together compliance with Arizona law.   |  |                   |  |  |
|     | ✓ I ✓   | ACCEPT   |                   |  |  |
| 7   | mall of the MI  | CHAEL L LAUE   | 08/01/2022        |  |  |
| Sig |   | ed Name  | Date (mm/dd/yyyy) |  |  |
| RE  | <b>EQUIRED</b> – check only one and fill in the corresponding   |  |                   |  |  |
|     | I am an <b>individual</b> authorized to sign this document.   | I am signing on behalf of an <b>en</b> th authorized to sign this document |                   |  |  |
|     |   |  |                   |  |  |

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$35.00 (regular processing)

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007

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

Fax (for Same Day/Next Day Service ONLY): 602-542-0900

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.

## RECEIVED

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ARIZONA COHE COMMISSION CORPORATIONS DIVISION

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## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

## **COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
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|   | WW ORDER COPIES USING  | A KECOKDS KEQUEST FOR   | <u>M</u>   |  |  |  |
|---|--|---|--|--|--|--|
| WHAT ARE Y  | OU FILING?   |   |  |  |  |  |
| ☐ New Entity  | ✓ Change to existing entity  | Re-submission of reject   | ted filing   |  |  |  |
| ENTITY NAME - give the exact name of the entity as currently shown in A.C.C. records:   |  |   |  |  |  |  |
| MOUNTAIN GOAT HOLDINGS LLC  |  |   |  |  |  |  |
| EXPEDITED PROCESSING? YES - select 1 option below NO - pay only the filing fee  |  |   |  |  |  |  |
| NOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. Document filing fees are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs. |  |   |  |  |  |  |
|   | ED PROCESSING, ADD \$35.00   | _ SAME DAY SERV   | /ICE, ADD \$200.00<br>ned by 5:00pm MST and must   |  |  |  |
| <sub>┌─</sub> тwo-нo  | UR SERVICE, ADD \$400.00   | ,   | ICE, ADD \$100.00  |  |  |  |
|   | I be examined within 2-hours of submission<br>ved by 3:00pm MST  |   | ned by 5:00pm MST on the be received by 5:00pm MST   |  |  |  |
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| MOD Acc   | ount #: Total a  | mount to deduct:  |  |  |  |  |
| abbreviations. Che<br>or preprinted nam<br>check numbers; to<br>Credit cards - m<br>of good standing.   | ey orders - must be made payable to "Arizona Corpecks must be completely and properly filled out, inche and address of the account holder; no imprinted emporary checks (new accounts). ay be used for in-person submittals, and for online We accept only Visa or MasterCard.  RETURN DELIVERY OPTION (PLEA NOTE: PHONE NUMBER REQUIREI | luding the amount sections. UNACCE or preprinted check number; handwr corporation annual reports, online na | PTABLE CHECKS include: no imprinted itten or stamped names, addresses, or me reservations, or online certificates ect only ONE): |  |  |  |
|   |  | TOR ALL RETORN DELI   |  |  |  |  |
| ☐ Email   | Email address REQUIRED:  |   |  |  |  |  |
|   | Phone number REQUIRED:   |   |  |  |  |  |
| ☐ Pick up   | Name:  |   |  |  |  |  |
|   | Phone number <b>REQUIRED</b> :   |   |  |  |  |  |
|   | Name: AMY L. BOWMAN  |   |  |  |  |  |
| ✓ Mail  | Address: P.O. BOX 1600   |   |  |  |  |  |
|   | City: KEARNEY  | State: NE   | zip: 68848   |  |  |  |
|   | Phone number REQUIRED: (308) 237-2114  |   |  |  |  |  |
| DOCUMENTS   | WILL BE MAILED IF THEY ARE NOT PICK  | ED UP IN A TIMELY MANNER  | (APPROXIMATELY ONE WEEK)   |  |  |  |
| PICK-UP E   |  | TION COMMISSION USE ONL   | Y<br>DATE:   |  |  |  |

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