Affidavit of Dissolved Corporation/Business

_____, (Affiant) of lawful age, being first duly sworn upon his oath, deposes and states;

1) That affiant resides at _____, State of _____ and makes this claim for refund of capital credits as the representative for the dissolved corporate/ business _____
(Required)
2) That the corporation/business has been dissolved as of _____ (date).
3) That as evidence of its dissolution, affiant is providing a **Certificate of Dissolution** from the Secretary of State (if a corporation) or an evidence of going out of business, such as termination and settlement of sales tax permit, final payment on utility services, etc.
4) The dissolution of the business was caused by (required):
_____
_____
5) Affiant further states that the above named dissolved corporation/business was a member of Rural Telephone Service Company, Inc. of Lenora, Kansas, during its business operations and that this Affidavit is made for the sole purpose of receiving from said Cooperative membership fee and capital credit credited to its account.
6) Affiant further stated that any required evidence of affiant's authorization by all necessary parties to receive said payment will be provided; and further, that affiant will hold said cooperative harmless from and all liability of any kind, type, or nature, whatsoever, by any reason of the payment by said Cooperative to this affiant of said membership fee and capital credits.
7) Affiant hereby waives any claim to capital credits which might have accrued during this portion of the year in which the corporation/business was dissolved.
8) Affiant further states that is any unpaid bill, or bills, still exist on the books of the Cooperative in the name of the dissolved, that said amounts, shall be deducted from credits due.
9) I understand I have the option to leave the capital credits unretired and be eligible for any general retirements or I may retire the capital credits taking present day value of the account. **Please check *one* of the boxes:**

☐ PRESENT DAY VALUE ☐ LEAVE UNRETIRED AND CHANGE THE CAPITAL ACCOUNT NAME TO: _____

Affiant Signature: _____

Affiant Printed Name: _____

Date: _____

Acknowledgement

State of _____)
) ss.
County of _____)

Before me, the undersigned, a Notary Public within and for said count and state, on this _____ day of _____, _____, appeared _____, known to me to be identical person who executed the within and foregoing instrument and acknowledged to me that he/she executed the same as hi/her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last about written.

Seal:

Printed: _____

Name: _____

My Commission Expires: _____