| Michi | igan Depa | rtment of | Treasury |
|-------|-------------|------------|----------|
| 501 (| (Řev. 3-01) |) Formerly | C-3304 |

| Date | |
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| | |

TAX CLEARANCE REQUEST

FOR CORPORATION DISSOLUTION OR WITHDRAWAL

Issued under P.A. 228 of 1975 as amended. Filing is voluntary, but if you don't file, a tax clearance certificate will not be processed.

NOTICE TO CORPORATIONS: A Certificate of Dissolution or Application for Certificate of Withdrawal will not be accepted for filing by the Michigan Department of Consumer & Industry Services, Bureau of Commercial Services, Corporation Division unless the corporation has paid in full all taxes owed to the State of Michigan. Therefore, the Michigan Department of Treasury, Tax Clearance Section must provide evidence that no indebtedness exists or that the corporation is exempt from the provisions of various tax statutes administered by Treasury.

ATTACH A COPY OF YOUR FINAL TAX RETURNS WITH PROOF OF PAYMENT, IF ANY, AND MAIL TO:

Michigan Department of Treasury Tax Clearance Section Treasury Building Lansing, MI 48922

| Current Corporation (List any corporate name change below) | F | Federal Employee Identification No. | |
|--|--|-------------------------------------|--|
| Address (no., street, city, state ZIP) | C | C.I.D. No. | |
| Requested by: (name) | 7 | Telephone No. | |
| Date Business Actually Discontinued in Michigan | Ending Date of Last Payroll Subject to Michigan Withholding | | |
| Date Incorporated | State Incorporated In | | |
| Incorporated Under What Name | Date Foreign Corp. Authorized to Transact Business in Michigan | | |
| Indicate Type of Action Requested of the Michigan Department of Consumer | & Industry Services, Corpo | ration Division | |
| DISSOLUTION WITHDRAWAL (From the State of Michigan) | | Date | |
| How does your corporation file the Michigan Annual Report? PROFIT NON-PROFIT | | | |
| Is there any corporation assuming the assets or continuing the activity of this YES NO | corporation? | | |
| IF YES, Enter Name | Their Federal Employer | No. | |
| Address: (no, Street, City, State ZIP) | | | |
| Is corporation undergoing 12-month liquidation? YES NO | If yes, when will liquidation be complete? (date) | | |
| Name changes and dates: | | | |
| | | | |
| Has this corporation ever done business in Michigan? YES NO | | | |
| If this corporation had no tax liability, please substantiate with attachments | | | |
| | | | |
| Comments (add additional sheet, if necessary) | | | |
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