Print Save Reset

Closing Form

Charitable Activities Section
Oregon Department of Justice

100 SW Market Street
Portland, OR 97201-5702
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

DOJ Registration #:

Who Must File

This form is to be completed by Oregon public benefit and religious corporations. If your organization is a foreign corporation or a trust, please contact the Department of Justice for special instructions on closing procedures.

Notice to the Attorney General

Oregon Revised Statute 65.627 requires a public benefit or religious corporation to provide written notice to the Attorney General of their intent to dissolve at or before the time it delivers articles of dissolution to the Secretary of State. The notice shall include a copy or summary of the plan of dissolution. ***No assets shall be transferred or conveyed as part of the dissolution process until 20 days after the required written notice has been given to the Attorney General*** or until the Attorney General has consented in writing, or indicated in writing, that the Attorney General will take no action in respect to the transfer or conveyance, whichever is earlier. When all or substantially all of the assets have been transferred or conveyed following approval of dissolution, the board shall deliver to the Attorney General a list showing those, other than creditors, to whom the assets were transferred or conveyed.

Purpose of Form

This form is used to report to whom you intend to transfer or convey assets as part of your plan of dissolution, and/or to whom you have already transferred or conveyed assets as part of your dissolution.

1. Name

Write the corporation's legal name.

_____

2. Articles of Dissolution

Have you filed Articles of Dissolution with the Secretary of State?

☐ Yes If yes, when were they filed?:_____

☐ No If no, please explain:_____

3. Disposition of Assets

List recipients and/or intended recipients of the corporation's assets at dissolution (other than creditors). If necessary, attach additional pages.

Recipient (Please indicate the full legal name of recipient)		Distributed yet?	Type of Asset	Value of Asset
Name:		☐ Yes		
Address:		☐ No		
Name:		☐ Yes		
Address:		☐ No		
Name:		☐ Yes		
Address:		☐ No		

Please Sign Here

Under penalties of perjury, I declare that I have examined this form, including any attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒

Signature _____ Address _____

Printed name _____ City/State/Zip _____

Title or Relationship to corporation _____ Phone _____

Date _____