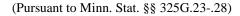
#### Mail To:

Minnesota Attorney General's Office ATTN: Club Contracts Registration 445 Minnesota Street, Suite 1200 St. Paul, MN 55101

#### **STATE OF MINNESOTA**

## CLUB STATEMENT UPON CEASING OPERATIONS





	Mailing Address:	Physical Address:
ontact Person	r	Contact Person
reet Address		Street Address
ity, State, and	l Zip Code	City, State, and Zip Code
hone Number		Phone Number
Email Address		Email Address
<ol> <li>Total 1</li> <li>Was y</li> <li>         ☐ Ye</li> </ol>	Number of Minnesota Members a	at Time of Closing:son or entity that intends to operate a similar club?
4a.	Identify the following about the	acquiring person or entity:
	Name/Business Name:	
	Address:	
	Contact Phone number	



## CLUB STATEMENT UPON CEASING OPERATIONS (Continued)


- 5. Attach: A list the club's Minnesota members that identifies each member by:
  - Name;
  - telephone number;
  - date the member joined the club;
  - length of member's current membership agreement; and
  - the amount the member prepaid towards his or her current membership agreement.



# CLUB STATEMENT UPON CEASING OPERATIONS (Continued)

#### **CERTIFICATION**

	I	am	authorized	to	submit	this	Club	Statement	Upon	Ceasing	Operations	on	behalf	of
								·	I certif	y that th	e informatio	on co	ontained	in
this C	lub	State	ement Upon	Ceas	sing Ope	ration	s form,	and docum	ents inc	luded with	the stateme	ent, ar	e comple	ete,
true,	and	corre	ect.											
													Signat	 ure
											Name and T	itle (p	olease pri	int)
Subsc	ribe	ed and	d sworn to be	efore	me this								D	ate
			_day of		,	20	_							
	D	.1.1! -					=							
Notar	y Pl	ione												