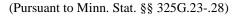
Mail To:

Minnesota Attorney General's Office ATTN: Club Contracts Registration 445 Minnesota Street, Suite 600 St. Paul, MN 55101

STATE OF MINNESOTA

CLUB STATEMENT UPON CEASING OPERATIONS





Legal Name of Organization:									
Mailing Address:	Physical Address:								
Contact Person	Contact Person								
Street Address	Street Address								
City, State, and Zip Code	City, State, and Zip Code								
Phone Number	Phone Number								
Email Address	Email Address								
	esota:								
3. Total Number of Minnesota Member	rs at Time of Closing:								
4. Was your club acquired by another p	person or entity that intends to operate a similar club?								
Yes—Answer Questions 4a -4c.									
☐ No—Skip to Question 5.									
4a. Identify the following about t	Identify the following about the acquiring person or entity:								
Name/Business Name:	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												