



BARBARA K. CEGAVSKE
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130504

Filed in the office of
Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State
State of Nevada

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Entity Number
E0416502008-4

Nonprofit Dissolution

(PURSUANT TO NRS 82.451)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Dissolution
For a Nevada Nonprofit Corporation

**Voluntary Dissolution by Directors and Members or by Directors Alone;
Directors to Act as Trustees For Liquidation and Winding Up of Corporate Affairs
(Pursuant to NRS 82.451)**

1. Name of corporation:

Professional Aviation Insurance Reciprocal

2. Entity or NV I.D. number: **E0416502008-4**

3. Names and addresses, either residence or business, of the **president, secretary, and treasurer**, or the equivalent thereof, and **all directors** of the corporation (attach a plain 8 1/2" x 11" sheet to list additional directors):

David E. Wilson

100 Pine St., Suite #1200, San Francisco, CA 94111

President or Equivalent

Address Pursuant to court approved Receivership Order
date 7/13/14, all Officers and Directors were
enjoined from transacting any further business
on behalf of Professional Aviation Insurance
Reciprocal.

Secretary or Equivalent

Address

Treasurer or Equivalent

Address

Director

Address

Director

Address

4. Effective date and time of filing: (optional) Date:

Time:

(must not be later than 90 days after the certificate is filed)

5. Officer Signature:

I declare that a resolution to dissolve the above named corporation has been adopted by the board of directors and by any superior organization whose approval is required by a provision of the articles authorized by NRS 82.091. If there are members entitled to vote to take action upon the resolution to dissolve, the undersigned further declare that the resolution has been adopted by a majority of all the voting power.

X David E. Wilson
Signature

Receivership Manager 9/5/18
Title Date

Filing Fee: \$50.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.
This form must be accompanied by appropriate fees.

Nevada Secretary of State 82.451 Nonprofit Dissolution
Revised: 1-26-16



BARBARA K. CEGAVSKE
Secretary of State
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Fax: (775) 684-5725
Website: www.nvsos.gov

Affidavit of Non-Operation (MUST BE NOTARIZED)

ABOVE SPACE IS FOR OFFICE USE ONLY

Date: 09/05/2018

Entity Name: Professional Aviation Insurance Reciprocal
(as registered with the Nevada Secretary of State's Office)

Entity Number: E0416502008-4

Nevada Business Identification Number (NVID): NV20081054838

I, David E. Wilson, Receivership Manager, swear under penalty of
(Officer Name) (Officer Title)

perjury, that Professional Aviation Insurance Reciprocal
(Entity Name)

has not conducted business activities since 07/03/2014.
(Date)

Officer Signature X David E. Wilson

SEE ATTACHED

State of _____

County of _____

Subscribed and sworn to before me the 20 _____

by _____
(Print Name of Signer)

RESET

Notary Signature X

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

See Attached Document (Notary to cross out lines 1-6 below)
 See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

~~See Attached Document (Notary to cross out lines 1-6 below)~~

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me

on this 5TH day of SEPTEMBER, 2018,

by Date Month Year

(1) DAVID E. WILSON

(and (2))

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Rommel R. Adao

Signature of Notary Public

Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF NON-OPERATION Document Date: 9/5/18

Number of Pages: 1 Signer(s) Other Than Named Above: N/A

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

C/O REGULATORY SERVICES GROUP
100 PINE STREET, SUITE 1200
SAN FRANCISCO, CA 94111

Commercial Recordings Division

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Telephone (775) 684-5708
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Job: C20180907-1498
September 11, 2018

Special Handling Instructions:

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Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Dissolution	20180396578-39	9/7/2018 8:09:43 AM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Transfer	Transfer from C20180830-2428	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

File Stamped Copy

1

C/O REGULATORY SERVICES GROUP
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