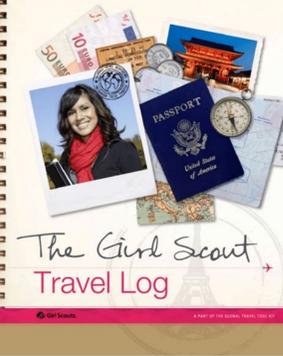


I'm not robot!




निम्मी पैटर्न
आई टी आई
फिटर
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सॉल्व्ड पेपर
(जनवरी-जुलाई)

Comprehension
C-001 Narrative Text Structure Character Characteristics

Objective
The student will describe characters.

Materials
Character map
Character map student sheet (Activity Master 1)
Worksheet

Activity
Students describe a character by using a graphic organizer.
1. Read one or the other. Provide the student with a student sheet.
2. The student reads the text.
3. Students fill in the character map on the copy and paste the name on the back and the character map. Describe character by answering questions in each section.
4. Teacher rubric.

Extensions and Adaptations
• Write a sentence describing the character using the words on the graphic organizer.
• Use other character maps (Activity Master 1).

COMPLETE, PRINT, SIGN AND FAX OR MAIL
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BUSINESS PROFESSIONAL FARM LIMITED LIABILITY COMPANY
ARTICLES OF DISSOLUTION AND TERMINATION
BY MEMBERS
SECRETARY OF STATE
SPN 58764 (03/2008)

\$20.00

For reference, see , Sections 10-32-111 through 10-32-117

TYPE OR PRINT LEGIBLY **SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS**

| | | | | | |
|---|---|---------------------|------------|------------|-------------|
| <p><input type="checkbox"/> When Articles of Dissolution and Termination are filed with the Secretary of State.</p> <p><input type="checkbox"/> Later on _____ (month, day, year)</p> <p>*The limited liability company (check the appropriate):</p> <p><input type="checkbox"/> Did not give notice to creditors and</p> <p>a) Payment of claims of all known creditors and claimants has been made or adequate provision has been made for payment or discharge. OR</p> <p>b) Two years have elapsed since filing the Notice to Dissolve with the Secretary of State.</p> <p>Any remaining property, assets, and claims of the limited liability company have been distributed in accordance with North Dakota law, or adequate provisions have been made for that distribution.</p> <p>There are no pending legal, administrative, or arbitration proceedings by or against the limited liability company, or adequate provision has been made for the satisfaction of any judgment, order or decree that may be entered against it in a pending proceeding.</p> <p>OR</p> <p><input type="checkbox"/> Gave notice to creditors and claimants on _____ (month, day, year). Payment of claims filed by creditors and claimants has been made or provided for and the longest of the periods defined in , Section 10-32-114, Subsection 2b and subsection provided, have elapsed.</p> <p>180 days have elapsed since a claimant rejected and the claimant has not pursued other remedies;</p> <p>270 days have elapsed since the limited liability company filed the Notice to Dissolve with the Secretary of State; OR</p> <p>390 days have elapsed since notices given to creditors and claimants.</p> <p>Any remaining property, assets, and claims of the limited liability company have been distributed in accordance with North Dakota law, or adequate provisions have been made for that distribution.</p> <p>There are no pending legal, administrative, or arbitration proceedings by or against the limited liability company, or adequate provision has been made for the satisfaction of any judgment, order or decree that may be entered against it in a pending proceeding.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">FOR OFFICE USE ONLY</td></tr> <tr><td>DATE _____</td></tr> <tr><td>TIME _____</td></tr> <tr><td>FILED _____</td></tr> </table> | FOR OFFICE USE ONLY | DATE _____ | TIME _____ | FILED _____ |
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6. The undersigned, a person authorized by the limited liability company to sign the Articles of Dissolution and Termination, has read the foregoing articles, knows the contents thereof, and believes the statements made therein to be true. I further authorize the Secretary of State to correct number 2 if not correctly reflected.

(Signature) _____
(Date)

7. Name of person to contact if questions about the document: _____ telephone number: _____ e-mail address: _____

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