

AFFIDAVIT OF INFORMATION CONCERNING DISSOLVED BUSINESS

STATE OF _____) COUNTY OF _____)

_____, the undersigned, of lawful age and being first duly sworn, on oath states:

That undersigned is familiar with the following facts concerning _____, (name of business) a business no longer in operation and dissolved which was a former member of the S&T Telephone Cooperative Association. FEIN# _____

- 1. Approximate Date of Business Dissolution: _____
- 2. Date Official Action was Taken for Dissolution of Business, if any: _____
- 3. Are there shareholders, members, partners, or sole proprietors still surviving?
Yes _____ or No _____

If surviving, please provide name, address and SS # of shareholder's, members, partners, or sole proprietors who were alive, or had estates, at the time of business dissolution:

SS# _____

(Add separate page if necessary)

- 4. If a member, shareholder, partner, or individual proprietor or other owner is now deceased, list his/her heirs who now own that portion of the business.

- 5. Names and Addresses of President or CEO or Officer in Charge of Entity now dissolved and address, phone number and email:

The Board of Directors of S & T Telephone Cooperative Association, pursuant to its bylaws has the absolute discretion to liquidate existing Capital Credits of Business Members no longer in existence. The Board has a policy to pay out, on an annual basis, if deemed appropriate, Capital Credits accrued for that particular year to its shareholders, members, partners or sole proprietors.

The undersigned states that the foregoing information is true and correct to the best knowledge and belief of undersigned and the undersigned has the authority to submit this Capital Credit request on behalf of the dissolved business entity or company.

Signature

State of _____

County of _____

Signed or attested before me on this _____ day of _____, 20____.

(Signature of notarial officer)

(Seal)

Title

My appointment expires: _____