

**ARTICLES OF DISSOLUTION  
OF A BUSINESS TRUST**  
Form BT-3  
Rev. 11/2017



**West Virginia Secretary of State**  
Business & Licensing Division  
Tel: (304)558-8000  
Fax: (304)558-8381  
Website: [www.wvsos.gov](http://www.wvsos.gov)

**FILE ONE ORIGINAL**

(Two if you want a filed stamped copy returned to you)

**FEE: \$25.00** - Expedite service is not available for this type of filing.

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**The trustees of the Business Trust adopt and file the following Articles of Dissolution for the purpose of dissolving the Business Trust, according to the provisions of the West Virginia Code.**

1. The **name of the business trust** is: \_\_\_\_\_

2. The **date the dissolution was authorized**: \_\_\_\_\_

3. The **mailing address** to which the Secretary of State may mail a copy of any process against the business trust:

\_\_\_\_\_

No. & Street City, State and Zip

4. By **checking the box below** you are attesting that the following statement is true and correct.

The proposal to dissolve was duly approved by the trustees in the manner required by the West Virginia Code.

5. **Contact name and number** of person to reach in case of problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business e-mail address, if any: \_\_\_\_\_

6. **Print name of Signer**: \_\_\_\_\_ **Title/Capacity of Signer**: \_\_\_\_\_

**Signature\***: \_\_\_\_\_ **Date**: \_\_\_\_\_

**\*Important Legal Notice Regarding Signature:** Per West Virginia Code [§31D-1-129](#). Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

**INSTRUCTIONS FOR FILING A CERTIFICATE OF DISSOLUTION  
OF A WV BUSINESS TRUST**

**Due to the nature of the dissolution process, expedited service is not available for this filing.**

Dissolution of a Business Trust in West Virginia requires several steps and may take some time. The process will go more quickly if the business trust's trustees take care of all liabilities first, including filing any tax or employment reports and paying any outstanding taxes, assessments or penalties to the State of West Virginia.

**Filing fee is \$25 and you should make checks payable to the West Virginia Secretary of State.**

The Secretary of State will request, in writing, clearances from the West Virginia State Tax Department, Employer Coverage Unit (Workers Compensation) and Department of Employment Security. When those clearances are received in writing, which may take as long as two years, a certificate of dissolution will be prepared and mailed to the address given on the Articles of Dissolution.

You will be held liable for all taxes, fees, penalties, interest, etc. until clearances are obtained from all departments and divisions listed above.

**IF YOU NEED ADDITIONAL INFORMATION CONCERNING FILING FOR A CERTIFICATE OF DISSOLUTION FOR YOUR COMPANY, PLEASE CONTACT OUR OFFICE AT 304-558-8000.**



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Rev. 9/2018

## Filing Submission Instructions - Business Division

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.**

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site [www.wvsos.gov](http://www.wvsos.gov).

SUBMIT THE COMPLETED APPLICATION WITH THE *CUSTOMER ORDER REQUEST* FORM TO ONE OF THE OFFICES BELOW. CHOOSE STANDARD PROCESSING SERVICE.

**THE FOLLOWING PROCESSING SERVICE IS AVAILABLE FOR THIS TYPE OF FILING:**

**① STANDARD PROCESSING (5-10 business days)**

- Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:
- E-mail to [CorpFilings@wvsos.gov](mailto:CorpFilings@wvsos.gov)
  - Fax
  - Walk in delivery (drop off service only filed within 5-10 business days)

**INCLUDE PAYMENT:**

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the [e-Payment Authorization](#) form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

**SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:**

**BUSINESS SERVICE CENTERS**

*Standard and Expedited Filings*

**Charleston Office**

**One-Stop Business Center**

1615 Washington Street East

Charleston, WV 25311

Phone: (304) 558-8000

Fax: (304) 558-8381

Hours: Mon. - Fri. 8:30a - 5:00p EST

**Clarksburg Office**

**North Central WV Business Center**

200 West Main Street

Clarksburg, WV 26301

Phone: (304) 367-2775

Fax: (304) 627-2243

Hours: Mon. -Fri. 9:00a - 5:00p EST

**Martinsburg Office**

**Eastern Panhandle Business Center**

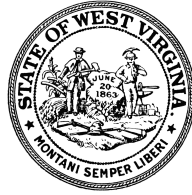
229 E. Martin Street

Martinsburg, WV 25401

Phone: (304) 356-2654

Fax: (304) 260-4360

Hours: Mon. - Fri. 9:00a - 5:00p EST



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# Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

**Order Processing Requested\*:**

**Standard Processing\***  
 (Avg. processing turnaround  
**5-10 business days**)

\*"Processing" indicates the filing will  
 be completed and registered in the  
 Secretary of State registration database.

Name of Entity: \_\_\_\_\_

Return filing to:  
 (Return Address) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery Options:** Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: \_\_\_\_\_  Fax to: \_\_\_\_\_

Hold for Pick Up  Mail to Return Address above  FedEx: Acct # \_\_\_\_\_

Other (explain below): \_\_\_\_\_  UPS: Acct # \_\_\_\_\_

**Order Description** (include items being ordered and fee breakdown):

\* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

**Total Amount:**

**Payment Method:**

Check/Money Order  Credit Card (Must attach [e-Payment Authorization](#) request form including payment information.)

Cash (*Do Not mail cash*)  Pre-paid Acct #: \_\_\_\_\_ Attach signed pre-paid slip.



## e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

**Service Type:**  Fax  E-mail  Mail

**Payment by Card** (card holder name and billing address required below)

**Card Type:**  Visa  Mastercard  Discover  American Express

**Credit Card Number:**   
 **V Code\***

\* 3-digit number on back of VISA, MasterCard and Discover cards.  
 4-digit number on front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

**Credit Card Expiration Date:** Month:  Year:

**Amount to Charge Card:** USD \$

**Order Information** (required)

**Entity Name:**

**Card Holder Information:**

Name as it appears on the account   
 Billing Address   
 City  State  Zip Code   
 Telephone  Ext.

**Payment Information Storage Authorization** (optional)

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

\_\_\_\_\_ Date

Authorized Signature

**Payment Authorization** (required)

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

\_\_\_\_\_ Date

Authorized Signature

**Not to Exceed Amount:** USD \$