** NOTICE TO ALL PERSONS WHO MAY HAVE CLAIMS AGAINST [COMPANY NAME]**

**How to use this template:**

The specific information to insert is [in brackets in red text]. Once the information has been inserted, the brackets and bracketed text should be deleted and modified to a black font.

Delete this entire text box before proceeding.

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Notice is hereby given, pursuant to Section 450.4807 of the Michigan Limited Liability Company Act, as amended, to all persons who may have claims against [INSERT COMPANY NAME] (the “Company”) that the Company was dissolved effective on [INSERT DATE].

Any person having a claim against the Company must submit to the Company a written statement setting forth sufficient information to inform the Company of the identity of the claimant and the substance of the claim and to allow the Company to reasonably determine whether to accept or reject the claim. This information must include: (1) the basis of the claim and how it arose, (2) the date or dates on which the claim arose, (3) the amount of the claim (if known) or a reasonable estimate of the amount of the claim, and (4) the name and address of the claimant. Accompanying the description of the claim shall be copies of all invoices, statements, billing, or other documentation which evidence the claim. All claims and supporting material must be submitted to the Company, at the following address:

[INSERT CORPORATION NAME]

[INSERT ATTN: (INDIVIDUAL NAME)]

[INSERT ADDRESS}

[INSERT CITY, STATE, ZIP]

NOTE: A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within one (1) year after the publication date of this newspaper notice.

[INSERT COMPANY NAME]

By: [INSERT REPRESENTATIVE’S NAME]

Its: [INSERT REPRESENTATIVE’S TITLE]