



**PRIME MANAGEMENT LLC**

For Office Use Only

21048 TUCKER RD File #: 0003881516 ID 83626

Date Filed: 5/20/2020 11:18:00 AM

**JASON MILLER**

21048 Tucker Rd  
Greenleaf, ID 83626  
flyfishid@gmail.com  
208-960-2182

**IDAHO SECRETARY OF STATE**

May 14, 2020

Dear Idaho Secretary of State,

**Statement of Recission  
Title 30, Chapter 25, Part 7, Idaho Code**

1. The name of the Company is: Prime Management LLC
2. The date the Statement of Dissolution Limited Liability Company was originally filed: September 9, 2019.
3. Dissolution has been rescinded under Section 30-25-703, Idaho Code.
4. Name and address to return acknowledgement copy of this form to:  
Jason Miller  
21048 Tucker Rd, Greenleaf, ID 83626
5. The undersigned, being all of the members of Prime Management LLC do hereby unanimously consent to the affirmative to the Statement of Recission.

Printed Name: Jason Miller Signature: \_\_\_\_\_

Printed Name: Mike Provost Signature: \_\_\_\_\_

B0506-3869 05/20/2020 11:18 AM Received by ID Secretary of State Lawrence Denney

**STATE OF IDAHO****Office of the secretary of state, Lawrence Denney  
STATEMENT OF DISSOLUTION LIMITED LIABILITY  
COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$0.00

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File #: 0003614592

Date Filed: 9/4/2019 2:27:22 PM

Statement of Dissolution (LLC or PLLC)	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)
1. The name of the limited liability company is: <b>PRIME MANAGEMENT LLC</b> The file number of this entity on the records of the Idaho Secretary of State is: 0000544346	
2. The date the certificate of organization was originally filed is: 03/13/2017	
3. Other information concerning the dissolution (optional):	
4. Effective Date The dissolution shall be effective _____ when filed with the Secretary of State.	
5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization: Jason Miller Address: Jason Miller 136 N BROADMORE WAY STE 101 NAMPA, ID 83687-5187	
The Statement of Dissolution must be signed by a manager, member, or authorized person.  Jason Miller Sign Here _____ Date 09/04/2019  Signer's Title: MANAGER	

B0340-4552 09/04/2019 2:27 PM Received by ID Secretary of State Lawrence Denney  
B0506-3870 05/20/2020 11:18 AM Received by ID Secretary of State Lawrence Denney