







## STATE OF IDAHO

## Office of the secretary of state, Lawerence 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

For Office Use Only

-FILED-

File #: 0003496806

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Statement of Dissolution (LLC or PLLC) Standard or Expedited Service (select one)	Standard (filling fee \$0)
The name of the limited liability company is:     SLEEP RIGHT IDAHO PLLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0000567071
The date the certificate of organization was originally filed is:     08/14/2017	
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	Southridge Dental
Address	ROARKE J MILLER 2811 12TH AVE RD NAMPA, ID 83686-8482
The Statement of Dissolution must be signed by a manager, member, or authorized person.	
ROARKE J MILLER	04/29/2019
Sign Here	Date
Signer's Title: Managing Member	