



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$0.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

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The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

1. The name of the dissolved limited liability company is:

SLEEP APNEA & BREATHING THERAPY NORTHWEST LLC

2. The date the certificate of organization was originally filed: 03/18/2016


3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

George Loftus III 4049 E. Sky Harbor Dr., Coeur d'Alene, ID 83814

5. Signature of a manager, member, or authorized person.

Printed Name: George Loftus III

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only