

- 2. The date the certificate of organization was originally filed:
- 3. Other information concerning the dissolution (optional):

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

Diane Finney	7034 E Maplewood Ave., Post Falls, ID 83854
(Name)	(Address)
5. Signature of a manager, member, o	r authorized person. Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE 02/16/2016 05:00
Signature: Alon Henry	CK:NONE CT:249423 BH:1513648 10 0.00 = 0.00 DISS LLC #2
Printed Name:	
Signature:	Wlollolop
Rev. 08/2015	