



0006096549

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***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 #: 0006096549

Date Filed: 2/4/2025 3:41:11 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:<br>Wanderlust Bistro LLC                                   |                                      |
| The file number of this entity on the records of the Idaho Secretary of State is:                           | 0004200802                           |
| 2. The date the certificate of organization was originally filed is:<br>03/08/2021                          |                                      |
| 3. Other information concerning the dissolution (optional):                                                 |                                      |
| 4. Effective Date<br>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                                                                          | Amelia Hatchard                      |
| Address                                                                                                     | PO BOX 1264<br>WILSON, WY 83014-1264 |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.                     |                                      |
| <u>Amelia Hatchard</u><br>Sign Here                                                                         | <u>02/04/2025</u><br>Date            |
| Title: member                                                                                               |                                      |

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