







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 #: 0004372221

Date Filed: 8/20/2021 11:07:19 AM

Job Title: Manager	
Sign Here	Date
Matthew G Krahn	08/20/2021
The Statement of Dissolution must be signed by a manager, member, or authorized pe	erson.
Address	1860 FREDERICKSON DR CLARKSTON, WA 99403-1169
Name of individual or organization	Matt G Krahn
5. Name and address to return acknowledgment copy of this form to (if submitted by n	•
Effective Date The dissolution shall be effective	when filed with the Secretary of State.
Other information concerning the dissolution (optional): N/a	
2. The date the certificate of organization was originally filed is: 08/07/2019	
The file number of this entity on the records of the Idaho Secretary of State is:	0003590790
The name of the limited liability company is: Twin Rivers Anesthesia PLLC	
Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)