



0004404315

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 #: 0004404315

Date Filed: 9/20/2021 9:45:40 AM

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:

OLSEN CHIROPRACTIC CENTER, PLLC

The file number of this entity on the records of the Idaho Secretary of State is: 0000096459

2. The date the certificate of organization was originally filed is:

01/05/2004

3. Other information concerning the dissolution (optional):

Due to physical and financial circumstances I have had to close the business indefinitely.

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

Joshua B Olsen

Address

497 EASTLAND DR
TWIN FALLS, ID 83301-7441

The Statement of Dissolution must be signed by a manager, member, or authorized person.

Joshua Olsen

Sign Here

09/20/2021

Date

Job Title: member

B0649-5650 09/20/2021 9:45 AM Received by ID Secretary of State Lawrence Denney