1.

Rev. 08/2015



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code No fee unless not typed, or expedited service requested Complete and submit the application in duplicate.

The name of the dissolved limited liability company is:

2015 SEP -4 AM 9: 14

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

	The date the certificate of organization was originally filed: Sept. 10, 2012		
2.			
3.	Other information concern	ing the dissolution (optional):	
	Actually ceased business on 12/31/2014. Filed Annual Report by mistake.		
	Actuary coased business (77 1210 1/20 14. T 1100 Millian	toport by mistake.
4.	Name and address to return acknowledgement copy of this form to:		
	Robert A. Shive	PO Box 5042, Ketch	PO Box 5042, Ketchum, ID 83340
	(Name)	(Address)	
5.	Signature of a manager, me	mber, or authorized person.	Secretary of State use only
	ated Name. Robert A. Shive		IDAHO SECRETARY OF STATE
Pri	nted Name: Robert A. Snive	1 0 1	09/04/2015 05:00
Sig	nature:	Sino!	CK: NONE CT: 249423 BH: 1491074
•		nn	10 0.00 = 0.00 DISS LLC #2
Pri	nted Name:		
Sia	nature:		WINHT