



# STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution.

1. The name of the partnership is: North Country Anesthesia, LLP
2. The date of filed statement of partnership of authority is: November 21, 2003
3. The partnership is dissolved and is winding up its business.
4. Must be signed by 2 partners.

Date: 3/16/04

Signature: *Philip A. Role*

Typed name: Philip A. Role

Signature: *Bruce Demko*

Typed name: Bruce Demko

Secretary of State use only

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STATE OF IDAHO

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