





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 #: 0004163842

Date Filed: 2/4/2021 11:43:53 AM

| Statement of Dissolution (LLC or PLLC) | |
|-------------------------------------------------------------------------------------------|----------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$0) |
| The name of the limited liability company is: NORTH END DENTAL LABORATORY LLC | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0000077164 |
| The date the certificate of organization was originally filed is: 10/28/2002 | |
| 3. Other information concerning the dissolution (optional): | |
| 4. Effective Date | |
| The dissolution shall be effective | on a specific date. |
| 02/05/2021 | |
| Time | 12:01 am |
| 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): | |
| Name of individual or organization | Paul L Laliberte |
| Address | 1907 N 22ND ST BOISE, ID 83702-0511 |
| The Statement of Dissolution must be signed by a manager, member, or authorized pe | erson. |
| Paul Laliberte | 02/04/2021 |
| Sign Here | Date |
| Job Title: Manger | |