the

Idaho

Secretary

State



## **Reset Form**



**Printed Name:** 

Signature:

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

File #: 0005905244

Title 30, Chapters 21 and 25, Idaho Code

Date Filed: 9/19/2024 9:42:00 AM

For Office Use Only

-FILED-

Base Filing fee: \$0.00 + \$20.00 for manual processing (form must be typed)...

Th	e limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).
1.	The name of the dissolved limited liability company is:  APIS ENHANDISS, UC
2.	The date the certificate of organization was originally filed:
3.	Other information concerning the dissolution (optional):
4.	Name and address to return acknowledgement copy of this form to:    Workle Bowner   1203 N 990 & Shelley 20 83274
	(Name) (Address)
5.	Signature of a manager, member, or authorized person.  Secretary of State use only
Pri	nted Name: Make the way
Sig	nature: Walle Bridge