



# STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2016 MAR -9 AM 9:29**

The limited liability company named herein has been dissolved pursuant to 30-25-202, IDAHO STATE  
STATE OF IDAHO

1. The name of the dissolved limited liability company is:  
**DAMIEN LLC**


2. The date the certificate of organization was originally filed: August 16 2010

3. Other information concerning the dissolution (optional):  
I purchased a new business and combined them and need to the officially close this one. I am a  
Chiropractor and it was a Chiropractor business.

4. Name and address to return acknowledgement copy of this form to:  
**Devin Orton** **1003 N. Orchard St. Boise, ID 83706**

5. Signature of a manager, member, or authorized person.

Printed Name: Devin Orton

Signature: 

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/09/2016 05:00**

CK:NONE CT:250418 BH:1517692

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