







Job Title: Authorized Person

## STATE OF IDAHO

## 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 #: 0004339237

Date Filed: 7/9/2021 10:57:41 AM

Sign Here	Date
The Statement of Dissolution must be signed by a manager, member, or authorized pe Robert Thomas	o7/09/2021
The Statement of Dissolution must be signed by a manager member or sufficient as	,
	STE 220 BOISE. ID 83702-5892
Address	Robert Thomas 242 N 8TH ST
Name of individual or organization	Varin Wardwell LLC
5. Name and address to return acknowledgment copy of this form to (if submitted by m	aail):
Effective Date The dissolution shall be effective	when filed with the Secretary of State.
3. Other information concerning the dissolution (optional):	
2. The date the certificate of organization was originally filed is: 04/03/2009	
The file number of this entity on the records of the Idaho Secretary of State is:	0000258477
The name of the limited liability company is: DEVIATE, LLC	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)