



0003537356

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 #: 0003537356

Date Filed: 6/13/2019 4:04:12 PM

|                                                                                                                                                                                                                                                                                     |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Statement of Dissolution (LLC or PLLC)                                                                                                                                                                                                                                              |                           |
| Standard or Expedited Service (select one)                                                                                                                                                                                                                                          | Standard (filing fee \$0) |
| 1. The name of the limited liability company is:<br>EUPHORIC TRAVEL LLC<br>The file number of this entity on the records of the Idaho Secretary of State is: 0000615100                                                                                                             |                           |
| 2. The date the certificate of organization was originally filed is:<br>06/21/2018                                                                                                                                                                                                  |                           |
| 3. Other information concerning the dissolution (optional):                                                                                                                                                                                                                         |                           |
| 4. Effective Date<br>The dissolution shall be effective when filed with the Secretary of State.                                                                                                                                                                                     |                           |
| 5. Name and address to return acknowledgment copy of this form to (if submitted by mail):<br>Name of individual or organization Don L. Thompson<br>Address 130 E ELM ST<br>SHELLEY, ID 83274-1313                                                                                   |                           |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.<br><br><div style="display: flex; justify-content: space-between;"><div><u>Don Thompson</u><br/>Sign Here<br/><br/>Signer's Title: Manager</div><div><u>06/13/2019</u><br/>Date</div></div> |                           |

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