

Signature:____

Rev. 08/2015

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

2019 FEB 28 AM 9: 16

SECRETARY OF STATE

1.	The name of the dissolved limited liability company is: Capricorn Construction, LLC			
2.	The date the certificate of organization was originally filed: March 16, 2015			
3.	Other information concerning the dissolution (optional): My husband, Thomas Stahl, owned the company Capricorn Construction, (file number W149173) and passed away on Jan. 9, 2018. I am the executor of his estate. The business is being shut down.			
	oown.			
4.	Name and address to retu	rn acknowledgement copy o	f this form to:	
	Theresa Stahl	P.O. Box 1801, Bor	P.O. Box 1801, Bonners Ferry, ID 83805	
	(Name)	(Address)		
5 .	Signature of a manager, me	mber, or authorized person.	Secretary of State use only	
Prir	nted Name: Theresa Stahl		IDAHO SECRETARY OF STATE	
	nature: Thereow S	shel	02/28/2018 05:00 CK:NONE CT:249423 BH:1629482 16 0:00 = 0:00 DISS LLC #2	
Prir	nted Name:		W149173	