







Signer's Title: Manager

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 #: 0003548189

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Statement of Dissolution (LLC or PLLC) Standard or Expedited Service (select one)	Standard (filling fee \$0)
The name of the limited liability company is: YOUR DRIVER YOUR FRIEND, LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0000626890
The date the certificate of organization was originally filed is: 09/24/2018	
3. Other information concerning the dissolution (optional):	
4. Effective Date	
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):	
Name of individual or organization	Tina M Rayson
Address	1085 S BREEZY WAY POST FALLS, ID 83854-7445
The Statement of Dissolution must be signed by a manager, member, or authorized person.	
Tina Rayson	06/21/2019
Sign Here	Date