



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

2017 FEB -7 PM 2: 04

SECRETARY OF STATE
STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

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

All Seasons Cleaning llc

2. The date the certificate of organization was originally filed: 01/15/2016

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

krista hoxie p.o. box 21 council id: 83612

(Name)

(Address)

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

Printed Name: krista hoxie owner

Signature: *Krista Hoxie*

Printed Name: _____

Signature: _____

Rev. 09/2016

Secretary of State use only

IDAHO SECRETARY OF STATE

02/07/2017 05:00

CK:NONE CT:319046 BH:1567807

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