

## 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 NOY -8 AM 8: 54

W120415

SECRETARY OF STATE

| The  | limited liability company named herein has been dissolv                                                                                                       | ed pursuant to 30-29 705 (B) (D) AND                                           |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1.   | The name of the dissolved limited liability company is: SignalLauncher LLC  December 28, 2012  The date the certificate of organization was originally filed: |                                                                                |
| 2.   |                                                                                                                                                               |                                                                                |
| 3.   | Other information concerning the dissolution (optional):                                                                                                      |                                                                                |
|      |                                                                                                                                                               |                                                                                |
|      |                                                                                                                                                               |                                                                                |
|      |                                                                                                                                                               |                                                                                |
|      |                                                                                                                                                               |                                                                                |
| 4.   | Name and address to return acknowledgement copy of this form to:  Karin E Preston PO Box 113, Troy, Idaho, 83871                                              |                                                                                |
|      |                                                                                                                                                               |                                                                                |
| 5.   | Signature of a manager, member, or authorized person.                                                                                                         | Secretary of State use only                                                    |
| Prin | Karin E Preston                                                                                                                                               | IDAHO SECRETARY OF STATE                                                       |
|      | eature: LE Print                                                                                                                                              | 11/08/2017 05:00<br>CK:NONE CT:249423 BH:1611088<br>10 0.00 = 0.00 DISS LLC #2 |
| Prin | ted Name:                                                                                                                                                     | - 11 de-                                                                       |

Rev. 08/2015

Signature: