Printed Name: SUZAN DAVIS

Printed Name: SUZAN DAVIS

Signature:

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 dublicate.

## FILED EFFECTIVE

2017 MAR 20 PN 2: 00

SECRETARY OF STATE

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

	09/22/2006
he date the certificate of	organization was originally filed:
ther information concern	ning the dissolution (optional):
OUT OF BUSINESS MAR	RCH 17, 2016
lame and address to ret	um acknowledgement copy of this form to:
SUZAN DAVIS	PO BOX 479, ONTARIO OR 97914
Name)	(Address)

IDAHO SECRETARY OF STATE 03/20/2017 05:00

CK: NONE CT: 249423 BH: 1574619 10 0.00 = 0.00 DISS LLC #2

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