







Signer's Capacity Owner

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 #: 0003385023

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The name of the limited liability company is: CROFOOT INSURANCE LLC		
The file number of this entity on the records of the Idaho Secretary of State is:	0000446902	
The date the certificate of organization was originally filed is: 01/21/2015		
Other information concerning the dissolution (optional): dissolve business entity 12/31/2018		
4. Name and address to return acknowledgment copy of this form to (if submitted by mail):		
Name of individual or organization	Crofoot Insurance LLC	
Address	Bart Crofoot 1102 MAIN ST STE A SALMON, ID 83467-4321	
The Statement of Dissolution must be signed by a manager, member, or authorized person.		
Bart Crofoot		12/31/2018
Sign Here		Date