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**STATEMENT OF DISSOLUTION**

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

FILED EFFECTIVE

2016 DEC -2 PM 3:49

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the partnership is:

ZINK FARM OPERATING PARTNERSHIP

2. The date of filed statement of partnership of authority is: 05/16/07

3. The partnership is dissolved and is winding up its business.

4. Must be signed by 2 partners.

Date: 11/28/16

Signature:

Typed name: DON ZINK

Signature:

Typed name: LINDA ZINK

Secretary of State use only

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Revised 03/22/02

IDAHO SECRETARY OF STATE

12/02/2016 05:00

CK:4398994 CT:172099 BH:1557808

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