

Signature:___

Rev. 08/2015

1.

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 <u>duplicate</u>.

The name of the dissolved limited liability company is:

FILED EFFECTIVE

W180133

2017 JUN -5 PM 2: 02

SECRETARY OF STATE

The limited liability company named herein has been dissolved pursuant to 30-25-702(6)(2)(45). IDAHO

	The Lash Room LLC O3-22-2017 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:		
	Nicole Jamie Nedved	470 Sherwoods Rd.	Sagle, Idaho 83860
	(Name)	(Address)	
5.	Signature of a manager, member, or authorized person. Secretary of State use only		
Pri	nted Name: Nicole Jamie Nedv	red 	IDAHO SECRETARY OF STATE 06/05/2017 05:00 CK:1265 CT:336626 BH:1587253 10 0.00 = 0.00 DISS LLC #2 10 20.00 = 20.00 EXPEDITE C #3
Sig	nature:		
Pri	nted Name:		1,189,133