

3. Other information concerning the dissolution (optional):

Name and address to return acknowledgement copy of this form to:
Johnna J. Buchert 5446 Hwy 16, Eagle, ID 83616

(Name)	

(Addrass)

5. Signature of a manager, member, or authorized person.

Printed Name:
Signature:
Printed Name:
Signature:



05/01/2017 05:00 CK:NONE CT:249423 EH:1581878

Secretary of State use only IDAMO SECRETARY OF STATE

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