

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 duplicate.

The name of the dissolved limited liability company is:

FILED EFFECTIVE

2018 FEB 15 AM 10: 12

Complete and submit the application in <u>duplicate</u>.

SECRETARY OF STATE

STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).0

	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:		
	Benjamin R Harvey	5205 Spring Ln, Emme	•
	(Name)	(Address)	
5.	Signature of a manager, men	nber, or authorized person.	
Prin	ted Name: Benjamin R Harve	f	Secretary of State use only
	nature: B		IDAHO SECRETARY OF STATE
Prin	ted Name:		02/15/2018 05:00 CK:NONE CT:249423 BH:1627135 10 0.00 = 0.00 DISS LLC #2
Sian	ature.		,,2