

FILED EFFECTIVE



## STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO JUN 21 AM 10:09  
(Instruction on back of application)

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the partnership is:

Fowlmouth Outdoors LLP

2. The date of filed statement of partnership of authority is: \_\_\_\_\_

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

4. Must be signed by 2 partners.

Date: 6-4-10

Signature: \_\_\_\_\_

Typed name: Thomas Sessions

Signature: \_\_\_\_\_

Typed name: Dennis Sams

Secretary of State use only

g:\corp\forms\op\forms\dissolution.pdf  
Revision 09/2002

IDAHO SECRETARY OF STATE  
06/21/2010 05:00  
CX: 1000 CT: 222842 IN: 1227381  
1 @ 30.00 = 30.00 STMT DISS. A  
1 @ 20.00 = 20.00 EXPEDITE C N

J 1694