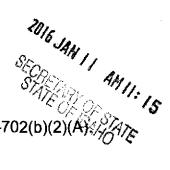
4.

(Name)

STATEMENT OF DISSOLUTION

FILED EFFECTIVE

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 limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2 1. The name of the dissolved limited liability company is: ELYON HealthCare LC The date the certificate of organization was originally filed: August 24, 2015 2. 3. Other information concerning the dissolution (optional):

1939 Kinghorn Rd, Pocatello ID 83201

5.	Signature of a manager, member, or authorized person.
Print	ed Name: Anthony Oduro-Darkwa
	ature: Dalare
Print	ed Name:
Sign	ature:

Anthony Oduro-Darkwa

Name and address to return acknowledgement copy of this form to:

ı∆ddress)

Secretary of State use only IDAHO SECRETARY OF STATE 01/11/2016 05:00 CK: NONE CT: 313749 BH: 1508035 10 0.00 = 0.00 DISS LLC #2

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