







Signer's Capacity MEMBER

STATE OF IDAHO

Office of the secretary of state, Lawerence Denney STATEMENT OF DISSOLUTION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0003344970

Date Filed: 11/7/2018 1:45:46 PM

Sign Here		Date
DAVID ALLEN		11/07/2018
The Statement of Dissolution must be signed by a manager, member, or author	ized person.	
Address	6387 KOOTENAI ST BONNERS FERRY, ID 8380)5
Name of individual or organization	David Allen	
4. Name and address to return acknowledgment copy of this form to (if submitted	ed by mail):	
Other information concerning the dissolution (optional): TAKING BUSINESS A WHOLE NEW DIRECTION.		
The date the certificate of organization was originally filed is: 10/12/2017		
The file number of this entity on the records of the Idaho Secr of State is:	etary 0000573433	
1. The name of the limited liability company is: ALLEN'S PROPERTY MANAGEMENT & CARETAKING, LLC	;	