



## STATEMENT OF DISSOLUTION **LIMITED LIABILITY COMPANY**

For Office Use Only

-FILED-

B0962-0616

File #: 0005991594

Date Filed: 11/18/2024 10:49:00 AM

Title 30, Chapters 21 and 25, Idaho Code

	Base Filing fee: \$0.00 + \$20.00 for manual processing (form must be typed).	8/2
Th	e limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).	2024
1.	The name of the dissolved limited liability company is:	10:49
2.	The date the certificate of organization was originally filed:	AM R
3.	12-23-2022 Other information concerning the dissolution (optional):  I have not used it as a business.	Received
		by Offic
		e of the
4.	Name and address to return acknowledgement copy of this form to:  Monica Pryor 2881 Indian Trail Twin Falls, IT	Idaho
_		20 00 00 00 00
5. Pri	Signature of a manager, member, or authorized person.  Secretary of State use only  inted Name: Pryor	retary
Siç	gnature: Mowca Dufot	y of
Pri	inted Name:	Ω d
Sig	gnature:	Ď