1.

Signature: Rev. 08/2015



Working My Plan LLC

## 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

2016 SEP 16 AM 9: 15

SECRETARY OF STATE STATE OF IDAHO

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

2.	The date the certificate of organization was originally filed:  April 15, 2015		
3.	Other information concerning the dissolution (optional):		
4.	Name and address to return acknowledgement copy of this form to:		
	Jennifer Snooks  (Name)	562 S. Rivervine Wa	ay Eagle, ID 83616
	(Name)	(Address)	
5.	Signature of a manager, member, or authorized person.  Secretary of State use only		
Printed Name: Jennifer Snooks			IDAHO SECRETARY OF STATE  09/16/2016 05:00  CK:NONE CT:249423 BH:1546597
Signature: Jemple 2000			10 0.00 = 0.00 DISS LLC #2
Printed Name:			W150487