

3. Other information concerning the dissolution (optional):

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

P Baillargeon 322 n. Sierra View V

(Name)

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Patricia Baillargeon	
Signature: Police Billy	
Printed Name:	
Signature:	
Rev. 08/2015	

Secretary of State use only

IDAHO SECRETARY OF STATE 01/07/2016 05:00 CK:NONE CT:249423 BH:1507536 10 0.00 = 0.00 DISS LLC #2

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