



0003494170

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 #: 0003494170

Date Filed: 4/26/2019 8:58:12 AM

Statement of Dissolution (LLC or PLLC)	
Standard or Expedited Service (select one)	Standard (filing fee \$0)
1. The name of the limited liability company is: SWEET DREAMS ANESTHESIA LLC The file number of this entity on the records of the Idaho Secretary of State is: 0000298609	
2. The date the certificate of organization was originally filed is: 09/15/2010	
3. Other information concerning the dissolution (optional):	
4. Effective Date The dissolution shall be effective _____ when filed with the Secretary of State.	
5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization: MARIA BODE Address: 2515 ITANI DR MOSCOW, ID 83843-9672	
The Statement of Dissolution must be signed by a manager, member, or authorized person. MARIA C. BODE _____ 04/26/2019 _____ Sign Here Date Signer's Title: MANAGER	

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