1.

Signature:

The name of the dissolved limited liability company is:



Debra Leeds Designs, LLC

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

2018 AUG 23 AM 11: 56

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: June 6, 2013		
3.	Other information concerning the dissolution (optional):	cerning the dissolution (optional):	
		•	
4.	Name and address to return acknowledgement copy of this form to:		
	Debra Leeds PO Box 1325, Ketchu	m, Idaho 83340-1325	
	(Name) (Address)		
5.	Signature of a manager, member, or authorized person.	Secretary of State use only	
		IDAHO SECRETARY OF STATE	
Printed Name: Debra Susan Leeds		08/23/2018 05:00	
Sig	nature: Debro Leeds	CK:NOME CT:249423 BH:1660350 10 0.00 = 0.00 DISS LLC #2	
Pri	nted Name:		
		W126078	