

Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN - 1 AM 9: 8

SECRETARY OF STATE STATE OF IDAHO

		STATE OF IDAHO
The below named limited lia pursuant to Section 30-6-70		
1. The name of the dissolved	limited liability company	is:
	Studios LLC	
2. The date the certificate of or		y filed: 4/23/2013
3. Other information concernir	ng the dissolution (option	al):
4. Name and address to return LANA JACOBSON 1107 N 11 ⁴⁰ ST BOISE ID 837	<u> </u>	y of this form to:
5. Signature of a manager, me	mber or authorized pers	on.
Signature Will Will B	• ~	
	BSUN	Secretary of State use only
Typed Name DINON OFFICE	2300	10AHO SECRETARY OF STATE 06/01/2015 05:00
Signature		CK: NONE CT: 249423 BH: 1477824
		10 0.00 = 0.00 DISS LLC #2

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