

3. Other information concerning the dissolution (optional): W 28093

4. Name and address to return acknowledgement copy of this form to: Ronald A. Stratton 4775 N Wildrye Dr. Boise, ID 83703

(Address) (Address)	
5. Signature of a manager, member, or authorized person. Printed Name: Rohald A. Stratton Signature: WMA C. MAMA HAR	Secretary of State use only IDAHO SECRETARY OF STATE 11/30/2015 05:00 CK:NONE CT:249423 BH:1502268 16 0.00 = 0.00 DISS LLC #2
Printed Name:	W28093
Signature:	