



0005686938



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**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 #: 0005686938

Date Filed: 4/10/2024 10:41:41 AM

Statement of Dissolution (LLC or PLLC)	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Expedited (+\$40; total fee \$40)
1. The name of the limited liability company is: CRAIG CHANDLER INSURANCE AGENCY LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0005654815
2. The date the certificate of organization was originally filed is: 03/20/2024	
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	Craig Chandler
Address	PO BOX 87 SAINT ANTHONY, ID 83445-0087
The Statement of Dissolution must be signed by a manager, member, or authorized person.	
<u>Craig Chandler</u> Sign Here	<u>04/10/2024</u> Date
Title: manager	

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