

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.

2016 JAN 25 AM 11: 02

SECRETARY OF STATE STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

The data the continue of access	FEBRUARY 29, 2008	
The date the certificate of orga	nization was originally filed:	<u> </u>
Other information concerning t	he dissolution (optional):	
Name and address to return a	cknowledgement copy of this form to:	
	cknowledgement copy of this form to: PO BOX 1600, COEUR D'ALENE, ID 83816	
MICHAEL R. CHAPMAN	· ·	
MICHAEL R. CHAPMAN (Name)	PO BOX 1600, COEUR D'ALENE, ID 83816 (Address)	
MICHAEL R. CHAPMAN (Name) Signature of a manager, member	PO BOX 1600, COEUR D'ALENE, ID 83816 (Address) er, or authorized person. Secretary of State L	ise only
MICHAEL R. CHAPMAN (Name) Signature of a manager, member	PO BOX 1600, COEUR D'ALENE, ID 83816 (Address) Fr, or authorized person. Secretary of State L MAN, AGENT IDAHO SECRETAI	RY OF STATE
MICHAEL R. CHAPMAN (Name) Signature of a manager, member of a manager of the ma	PO BOX 1600, COEUR D'ALENE, ID 83816 (Address) Secretary of State L MAN, AGENT IDAHO SECRETAI 01/25/201 CK: NONE CT: 2494	RY OF STATE 6 05:00 23 BH:151017
MICHAEL R. CHAPMAN (Name) Signature of a manager, member of a manager	PO BOX 1600, COEUR D'ALENE, ID 83816 (Address) Secretary of State L MAN, AGENT IDAHO SECRETAI 01/25/201	RY OF STATE 6 05:00 23 BH:151017
Name and address to return a MICHAEL R. CHAPMAN (Name) Signature of a manager, member ad Name MICHAEL R. CHAP ature: ature:	PO BOX 1600, COEUR D'ALENE, ID 83816 (Address) Secretary of State L MAN, AGENT IDAHO SECRETAI 01/25/201 CK: NONE CT: 2494	RY OF STATE 6 05:00 23 BH:151017