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	FILED EFFECTIVE
STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPAN (Instructions on back of application)	ON
The below named limited liability company has been diss pursuant to Section 30-6-701 and 30-6-702, Idaho Code.	olved
1. The name of the dissolved limited liability company is:	
Untamed Wildlife Adventures LLC	
2. The date the certificate of organization was originally filed	February 11, 2011
	· · · · · · · · · · · · · · · · · · ·
3. Other information concerning the dissolution (optional):	
	<b>*</b> ,
. Name and address to return acknowledgement copy of thi	is form to:
Roxanne McKee	
P.O. Box 3609	
Post Falls, ID 83877	
Signature of a manager, member or authorized person.	
gnature Roamon & MCK. eg	· · · · · · · · · · · · · · · · · · ·
PedName Roxanne L. McKee	Secretary of State use only
ignature Davis OEMELLe	
	IDAHO SECRETARY OF STATE 02/22/2016 05-00
	02/22/2016 05:00 CK:NONE CT:255413 BH:15144
ignature <u>David E. McKee</u>	
	02/22/2016 05:00 CK:NONE CT:255413 BH:15144

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