

Signature _____
Typed Name ____

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 APR 17 AT 9:01

	(application)	SECRETARY OF LITATE STATE OF IDAHO
	The below named limited liability company has been dissolved pursuant to Section 30-6-702, Idaho Code.	
1.	The name of the dissolved limited liability company is:	
	Sammarimar, LLC	
2.	The date the certificate of organization was originally filed:	1/29/2004
3.	Other information concerning the dissolution (optional):	
4.	Name and address to return acknowledgement copy of this form to:	
	Marianne Zakarian, 4761 N Rivervista Pl., Garden City, ID 83714	
5. Signature of a manager, member or authorized person.		
Signature All		
Туре	d Name Marianne Zakarian Sec	elary of State use only

statement dissolution LLC ornd Rev.07/2010

IDAHO SECRETARY OF STATE

04/17/2012 05:00

CK: MONE CT: 249423 BH: 1328086
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