

FILED EFFECTIVE

247

2015 OCT -7 PM 2:24



# STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution.

1. The name of the partnership is:

Longmi Lashes CDA

2. The date of filed statement of partnership of authority is: JUN 30 2015

3. The partnership is dissolved and is winding up its business.

4. Must be signed by 2 partners.

Date: 10-07-2015

Signature:

Typed name:

Bill Nguyenle

Signature:

Typed name:

Danniel Dinh

Secretary of State use only

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Revision 03/2002

IDAHO SECRETARY OF STATE

10/07/2015 05:00

CK:3269922 CT:172099 BH:1495493

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