

1.

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
No fee required unless expedited service requested
Complete and submit the application in <u>duplicate</u>.

The name of the dissolved limited liability company is:

FILED EFFECTIVE

2015 AUG 18 AM 9: 14

SECTETARY OF STATE STATE OF IDAHO

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

2.			
	The date the certificate of organization was originally f	led: 1/30/20	14
3.	Other information concerning the dissolution (optional)	:	
A	Name and address to return acknowledgement conv.	f this forms to:	
4.	Name and address to return acknowledgement copy of DAVID TIMMONS	f this form to:	
4.	DAVID TIMMONS (Name) PO BOX 10055	f this form to:	
4.	DAVID TIMMONS (Name)	f this form to:	
4.	DAVID TIMMONS (Name) PO BOX 10055 (Address)		
4. 5.	DAVID TIMMONS (Name) PO BOX 10055 (Address) KETCHUM	83340 (Zipcode)	
5.	DAVID TIMMONS (Name) PO BOX 10055 (Address) KETCHUM ID (City) (State) Signature of a manager, member, or authorized personated Name: DAVID TIMMONS	83340 (Zipcode)	
5, Prin	DAVID TIMMONS (Name) PO BOX 10055 (Address) KETCHUM (City) (State) Signature of a manager, member, or authorized person	83340 (Zipcode)	Secretary of State use only IDAHO SECRETARY OF STATE 08/18/2015 05:00 7140 CT:172039 BH:1488516
5. Prin Sign	DAVID TIMMONS (Name) PO BOX 10055 (Address) KETCHUM ID (City) (State) Signature of a manager, member, or authorized personated Name: DAVID TIMMONS	83340 (Zipcode)	Secretary of State use only IDAHO SECRETARY OF STATE 08/18/2015 05:00