



0003804081

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$0.00

*For Office Use Only***-FILED-**

File #: 0003804081

Date Filed: 3/5/2020 1:05:00 PM

|                                                                                                                                                                                                       |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Statement of Dissolution (LLC or PLLC)                                                                                                                                                                |                           |
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                                          | Standard (filing fee \$0) |
| 1. The name of the limited liability company is:<br>WDRE IC LLC<br>The file number of this entity on the records of the Idaho Secretary of State is: 0000444744                                       |                           |
| 2. The date the certificate of organization was originally filed is:<br>01/05/2015                                                                                                                    |                           |
| 3. Other information concerning the dissolution (optional):                                                                                                                                           |                           |
| 4. Effective Date<br>The dissolution shall be effective _____ when filed with the Secretary of State.                                                                                                 |                           |
| 5. Name and address to return acknowledgment copy of this form to (if submitted by mail):<br>Name of individual or organization: Cynthia Anderson<br>Address: PO BOX 390<br>SUN VALLEY, ID 83353-0390 |                           |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.<br><br><u>Cynthia Anderson</u> <u>03/05/2020</u><br>Sign Here Date<br><br>Job Title: President                |                           |

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