

Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAR -1 AM 9: 17

SECRETARY OF STATE STATE OF IDAHO

| The below named limited liability company has been dissolve | d |
|---|---|
| pursuant to Section 30-6-702, Idaho Code. | |

| pursuant to Section 30-6-702, Idaho Code. |
|--|
| 1. The name of the dissolved limited liability company is: |
| Loucks 44C |
| 2. The date the certificate of organization was originally filed: April 1, 2011 |
| 3. Other information concerning the dissolution (optional): |
| |
| |
| |
| |
| 4. Name and address to return acknowledgement copy of this form to: Trevor Loacks |
| 13555 W. Acora St. |
| Boise, ID 83713 |
| , |
| 5. Signature of a manager, member or authorized person. |
| Signature Scotter of State use only |
| Typed Name Trevor Loucts |
| Signature |

statement_dissolution_LLC.pmd Rev.07/2010

IDAHO SECRETARY OF STATE

03/01/2012 05:00

CK: NONE CT: 249423 BH: 1313039
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