



# STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

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

1. The name of the dissolved limited liability company is:

Recover Physical Therapy, LLC

2. The date the certificate of organization was originally filed: 02/14/2019

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

David W. Gadd

(Name)

PO Box 1428, Twin Falls, ID 83303

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Blaine Hawkes

Signature: <sup>Member</sup>  
Blaine Hawkes

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only