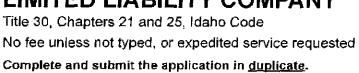
256

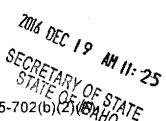
Signature:_

Rev. 08/2015

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE





| The | e limited liability company name | ed herein has been dissolve | od pursuant to 30-25-702(b)(2)(10)(17) |
|---------------|--|-----------------------------|---|
| 1. | The name of the dissolved li | | |
| 2. | The date the certificate of organization was originally filed: | | |
| 3. | Other information concerning the dissolution (optional): | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. | Name and address to return acknowledgement copy of this form to: | | |
| | Annalisa DeMarta | 1775 W State St. #19 | 97, Boise, ID 83702 |
| 5. | Signature of a manager, memi | ber, or authorized person. | Secretary of State use only |
| Prir | ited Name: Annalisa DeMarta | | |
| | nature: AUD | | 10AHO SECRETARY OF STATE 12/19/2016 05:00 |
| Printed Name: | | | CK: NONE CT: 249423 BH: 1560057 16 0.00 = 0.00 DISS LLC #2 |

W159913