

- 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:

Mary Bruggenkamp	3635 E. Spectrum Dr., Idaho Falls, ID 83401
(Name)	(Address)

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

Printed Name: Mary Bruggenkamp
Signature:
Printed Name:
Signature:

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE 03/30/2016 05:00 CK:1109 CT:322504 BH:1521126 10 0.00 = 0.00 DISS LLC #2 10 20.00 = 20.00 EXPEDITE C #3

