







## STATE OF IDAHO

## Office of the secretary of state, Lawerence 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 #: 0003539976

Date Filed: 6/17/2019 4:07:16 PM

Statement of Dissolution (LLC or PLLC) Standard or Expedited Service (select one)	Standard (filing fee \$0)
Standard of Expedited Service (select one)	Standard (ming lee \$0)
The name of the limited liability company is:	
Snake River Junior School LLC	
	0000500450
The file number of this entity on the records of the Idaho Secretary of State is:	0003533159
2. The date the certificate of organization was originally filed is:	
06/06/2019	
00/00/2019	
3. Other information concerning the dissolution (optional):	
4. Effective Date	
The dissolution shall be effective	under the deside the Consistence of Otata
The dissolution shall be effective	when filed with the Secretary of State.
S. Name and address to return acknowledgment copy of this form to (if submitted by n	·
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Name and address to return acknowledgment copy of this form to (if submitted by n Name of individual or organization	nail): Autumn B Moncrief
Name and address to return acknowledgment copy of this form to (if submitted by n	nail): Autumn B Moncrief 4788 RIVER RD
Name and address to return acknowledgment copy of this form to (if submitted by n Name of individual or organization	nail): Autumn B Moncrief
Name and address to return acknowledgment copy of this form to (if submitted by n Name of individual or organization	nail): Autumn B Moncrief 4788 RIVER RD BUHL, ID 83316-5103
Name and address to return acknowledgment copy of this form to (if submitted by n Name of individual or organization     Address	nail): Autumn B Moncrief 4788 RIVER RD BUHL, ID 83316-5103 erson.
Name and address to return acknowledgment copy of this form to (if submitted by no Name of individual or organization     Address  The Statement of Dissolution must be signed by a manager, member, or authorized per	Autumn B Moncrief 4788 RIVER RD BUHL, ID 83316-5103 erson.  06/17/2019
Name and address to return acknowledgment copy of this form to (if submitted by no Name of individual or organization     Address  The Statement of Dissolution must be signed by a manager, member, or authorized pe	nail): Autumn B Moncrief 4788 RIVER RD BUHL, ID 83316-5103 erson.
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