

3. Other information concerning the dissolution (optional):

Name and address to return acknowledgement copy of this form to: 4. WENDELL THOMPSON 12014 W. MESQUITE DR BOISE ID 83713

(Name)	(Address)	
5. Signature of a mana	ger, member, or authorized person.	Secretary of State use only
Printed Name: WENDELL THOMPSON Signature:		IDAHO SECRETARY OF STATE 03/15/2018 05:00 CK:CASH CT:134018 BH:1632548 10 0.00 = 0.00 DISS LLC #3
Signature:		·

Rev 08/2015