







## 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 #: 0003517373

Date Filed: 5/20/2019 11:28:51 AM

Statement of Dissolution (LLC or PLLC)	
Standard or Expedited Service (select one)	Standard (filing fee \$0)
The name of the limited liability company is:	
ERO, LLC	
The file number of this entity on the records of the Idaho Secretary	0000107546
of State is:	
2. The date the certificate of organization was originally filed is:	
06/25/2004	
3. Other information concerning the dissolution (optional):	
4. Effective Date	
The dissolution shall be effective	when filed with the Secretary of State.
The dissolution shall be effective  5. 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 not su	nail):
Name and address to return acknowledgment copy of this form to (if submitted by no Name of individual or organization	nail): Brian K Cornelison
Name and address to return acknowledgment copy of this form to (if submitted by no Name of individual or organization	nail): Brian K Cornelison PO BOX 51662 IDAHO FALLS, ID 83405-1662
Name and address to return acknowledgment copy of this form to (if submitted by no Name of individual or organization Address	nail): Brian K Cornelison PO BOX 51662 IDAHO FALLS, ID 83405-1662 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 positions.)	nail): Brian K Cornelison PO BOX 51662 IDAHO FALLS, ID 83405-1662
5. 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 policy and the statement of Dissolution must be signed by a manager.	nail): Brian K Cornelison PO BOX 51662 IDAHO FALLS, ID 83405-1662 erson.  05/20/2019
5. 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 policy and the statement of Dissolution must be signed by a manager.	nail): Brian K Cornelison PO BOX 51662 IDAHO FALLS, ID 83405-1662 erson.  05/20/2019