

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

11 MOV 25 AM 8: 49

SECHEL HAY OF STATE STATE OF IDA-IO

	STATE OF IDA-10	
	The below named limited liability company has been dissolved pursuant to Section 30-6-702, Idaho Code.	
1.	The name of the dissolved limited liability company is:	
	Mullen Professional Services, LLC	
2.	The date the certificate of organization was originally filed:04 May 2009	
3.	Other information concerning the dissolution (optional):	
	I am converting to a sole proprietorship	
_		
4.	Name and address to return acknowledgement copy of this form to:  Kristine Mullen	
	690 Redman	
	Chubbuck, Idaho, 83202	
	CHADURA, BARD, 63202	
5.	Signature of a manager, member or authorized person.	
	$\nu \sim 1.0$	
Sig	Secretary of State use only	
Тур	ed Name Kristine Mullen	
Sig	nature	
_	ed Name	
	TRAIN OFFICTATE	

statement\_dissolution\_LLC.pmd Rev.07/2010

IDAHO SECRETARY OF STATE

11/25/2011 05:00

CK: 1129 CT: 264447 BH: 1299357

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