



Signature: Revised 01/2019

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

		9 9 92-17000-170- NY 10 80 F	OF DISSOLUTION	ACCUPATION NO. OF THE PARTY OF	For Office Use Only -FILED-			
		Title 30, Chapters 21 a Base Filing fee: \$0.00 + \$	nd 25, Idaho Code 320.00 for manual processing	(form must be typ	File #: 0003686519 Date Filed: 11/25/2019 11:18:00 AM ed).			
Th	e limited lia	ability company named	l herein has been dissolv	ed pursuant to	30-25-702(b)(2)(A).			
1.		e of the dissolved limit nment Shop, LLC	ed liability company is:	liability company is:				
2.	The date	the certificate of organ	nization was originally file	d: February 4	ł, 2010			
3.	Other information concerning the dissolution (optional): Business (known as Renewal) ceased operation in May 2019.							
4.	Name and address to return acknowledgement copy of this form to: Lesley A. Andrus 35 Greenhorn Rd., Hailey, ID 83333				33			
	(Name)		(Address)					
5.	Signature	e of a manager, membe	r, or authorized person.	0.00				
	inted Name	Laster A. Anadorra		Sec	cretary of State use only			
	gnature:	fee						
	anoturo:	<u> </u>	17-5/					