



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

FILED EFFECTIVE

RESET FORM

2018 SEP 17 AM 9:32

SECRETARY OF STATE

The limited liability company named herein has been dissolved pursuant to **STATE OF IDAHO (2)(A)**.

1. The name of the dissolved limited liability company is:
Thrive Physical Therapy LLC

5/18/16

2. The date the certificate of organization was originally filed: _____

3. Other information concerning the dissolution (optional):

It has been decided that Thrive Physical Therapy LLC must dissolve because the name is too similar to that of Physical Therapy at Thrive LLC which was established first.

4. Name and address to return acknowledgement copy of this form to:

Vanessa Gibbs (Scifres) 85 Freedom Loop Bellevue, ID 83313

(Name)

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Vanessa A. Gibbs (Scifres)

Signature: Vanessa A. Gibbs (Scifres)

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/17/2018 05:00

CK:NONE CT:249423 BH:1664502

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