| STATEMENT OF DISSOLUTION<br>LIMITED LIABILITY COMPANY<br>(Instructions on back of application)  | FILED EFFECTIVE<br>2014 JAN 27 - AM 10: 05<br>SECPENAR CE STATE   |
|---|---|
| The below named limited liability company has been dissolved<br>pursuant to Section 30-6-701 and 30-6-702, Idaho Code.<br>1. The name of the dissolved limited liability company is:<br>Idaho Autism Consultation LLC | STATE OF 12/340   |
| 2. The date the certificate of organization was originally filed: $\frac{2/12}{10}$   |   |
| 3. Other information concerning the dissolution (optional):   |   |
| 4. Name and address to return acknowledgement copy of this form to:<br>Jill Greene  |   |
| 2021 George Maria Way   |   |
| El Cajon, CA 92019<br>5. Signature of a manager, member or authorized person.   |   |
| Signature   |   |
| Typed Name jill greene  | Secretary of State use only   |
| Signature   | IDAHO SECRETARY OF STATE<br>01/27/2014 05:00<br>CK: NONE CT: 249423 BH: 1487757<br>1 @ 0.00 = 0.00 DISS LLC # 2 |
| statement_dissolution_LLC.pmd Rev. 06/2012  | W90583  |