







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

Job Title: AUTHORIZED AGENT/ATTORNEY

For Office Use Only

-FILED-

File #: 0003866641

Date Filed: 5/5/2020 8:33:25 AM

| Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$0) |
|---|---|
| The name of the limited liability company is: IDAHO MEDICAL AND MANAGEMENT SERVICES LLC | |
| The file number of this entity on the records of the Idaho Secreta of State is: | ry 0000557286 |
| The date the certificate of organization was originally filed is: 06/16/2017 | |
| 3. Other information concerning the dissolution (optional): | |
| 4. Effective Date | |
| The dissolution shall be effective | when filed with the Secretary of State. |
| 5. Name and address to return acknowledgment copy of this form to (if submitted to | oy mail): |
| Name of individual or organization | Amber R. Myrick, P.A. |
| Address | PO BOX 7363 BOISE, ID 83707-1363 |
| The Statement of Dissolution must be signed by a manager, member, or authorize | d person. |
| AMBER R. MYRICK | 05/05/2020 |
| Sign Here | |
| -1.g., | Date |