



# 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.

2016 FEB 23 PM 3:20

SECRETARY OF STATE  
STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

1. The name of the dissolved limited liability company is:

ALIGN HOSPICE, LLC

2. The date the certificate of organization was originally filed: 10-21-2009

3. Other information concerning the dissolution (optional):

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

JULIA K DAVIS

2512 N STOKESBERRY LANE 101 MERIDIAN, ID 83646

(Name)

(Address)

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

Printed Name: JULIA K DAVIS

Signature: *Julia K Davis*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/23/2016 05:00

CK:NONE CT:244072 BH:1514999

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