

FILED EFFECTIVE

256

**STATEMENT OF DISSOLUTION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 OCT -4 AM 11:22
SECRETARY OF STATE
STATE OF IDAHO

The below named limited liability company has been dissolved
pursuant to Section 30-6-702, Idaho Code.

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

Cooperative Health Institute LLC

2. The date the certificate of organization was originally filed: 4-3-00

3. Other information concerning the dissolution (optional):

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

Toni OBrien
RR 1 Box 91D
Pocatello ID 83202

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

Signature Toni OBrienTyped Name Toni OBrien

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/04/2012 05:00
CK: NONE CT: 249423 BH: 1342477
1 0 0.00 = 0.00 DISS LLC # 2

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