FILED EFFECTIVE



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

2015 FEB -2 AM 9: 48

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

	pursuant to Section 30-6-701 and 30-6-702, Idaho Code.
1.	The name of the dissolved limited liability company is:
	OS, LLC
2.	The date the certificate of organization was originally filed: 03/08/2012
3.	Other information concerning the dissolution (optional):
	BUSINESS CEASED ON 12/31/2014
4.	Name and address to return acknowledgement copy of this form to:
	NORMA GALAZIN, INC PO BOX 78
	MENAN, ID 83434
5.	Signature of a manager, member or authorized person.
	organization a midning of authorized person.
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	nature MWW Julyw Secretary of State use only IDAHO SECRETARY OF STATE 82/03/2015 05:00
Тур	nature 1 Secretary of State use only Ded Name NORMA GALAZIN IDAHO SECRETARY OF STATE
Typ	Secretary of State use only IDAHO SECRETARY OF STATE 82/03/2015 05:00 CK: NOWE CT:249423 BH:1459955

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