

## STATEMENT OF DISSOLUTION

FILED EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO (Instruction on back of application)

2018 MAR -7 AM 3 18

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Stecretary of State for statement of dissolution.

for statement of dissolution.		STATE OF
1. The name of the partnership is:		-•
Morenitas	#3	
2. The date of filed statement of partnership of auth	hority is:	09/11/2017
3. The partnership is dissolved and is winding up i	ts business.	
4. Must be signed by 2 partners.	90	Secretary of State use onl
Date: 3 2 18	g:corpVorms\gpforms\pdissolution.p65 Revision 09/2002	
Signature: Santa Flora Lua Paramo	sigpformstpdiss Revision 09/2002	
Typed name: Santa Flora Low tavamo	Revision	
Signature: Haven Sarani Salazar	rp\form	
Typed name: KAVLYW SAYAhi SAIAZAY	g:\co	

IDAHO SECRETARY OF STATE 03/07/2018 05:00

CK:207517119030 CT:354087 BH:1630933 18 30.00 = 30.00 STMT DISS #2

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