



STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

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

1. The name of the partnership is:

Summer Snow Enterprises

2. The date of filed statement of partnership of authority is: 6/15/14

3. The partnership is dissolved and is winding up its business.

4. Must be signed by 2 partners.

Date: 7/24/15

Signature:

Typed name: Jacob Adams

Signature:

Typed name: Michell Adams

Secretary of State use only

g:\acpl\form\gpl\form\dissolution.pdf
Revision 09/2002

2015 JUL 24 PM 12:16

SECRETARY OF STATE
STATE OF IDAHO

IDAHO SECRETARY OF STATE

07/24/2015 05:00

CK:3057864 CT:172099 BH:1485245

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