

3. Other information concerning the dissolution (optional):

Name and address to return acknowledgement copy of this form to:
Jeffrey Solich 2806 S Lake Vista In Eagle, ID 83616

(Name)

(Address)

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

Printed Name: Jeffrey Solich

Signature:

Printed Name:

Signature:_

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE 08/02/2018 05:00 CK:NONE CT:249423 BH:1656765 16 0.00 = 0.00 DISS LLC #2

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