

Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

11 DEC 23 AM 9:02

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

	OTATE. OF IDIAIO
The below named limited liability compa pursuant to Section 30-6-702, Idaho Cod	nny has been dissolved de.
1. The name of the dissolved limited liabili	
Bear River	- 6rym LLC
2. The date the certificate of organization v	
3. Other information concerning the dissolution (optional):	
The second secon	
the state of the s	Takin Singak ay ngg
4. Name and address to return acknowledgement copy of this form to: Sheri Davis, PD Box 693 Soda Springs R.D. 83276	
5. Signature of a manager, member or au	thorized person.
Signature Shon Davis Typed Name Shevi Davis	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE 12/23/2011 05:00 CK: NONE CT: 249423 BH: 1393846 1 8 0.80 = 0.60 DISS LLC # 2

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