





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0003705031

Date Filed: 12/10/2019 10:20:36 AM

Statement of Dissolution (LLC or PLLC)

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

Standard (filing fee \$0)

1. The name of the limited liability company is:

TAMARACK MEDICAL CLINIC, LLC

The file number of this entity on the records of the Idaho Secretary 0000112783 of State is:

09/20/2004

3. Other information concerning the dissolution (optional):

4. Effective Date

The dissolution shall be effective

when filed with the Secretary of State.

5. Name and address to return acknowledgment copy of this form to (if submitted by mail):

Name of individual or organization

Saint Alphonsus Health System, Inc.

Address

Office of General Counsel 1055 N CURTIS RD BOISE, ID 83706-1309

The Statement of Dissolution must be signed by a manager, member, or authorized person.

Odette C. Bolano

Sign Here Dat

Signer's Title: Authorized Signatory for Saint Alphonsus Diversified Care, Inc.