

MicheldaLLC

1.

Signature:\_ Rev. 08/2015

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code No fee unless not typed, or expedited service requested Complete and submit the application in duplicate.

The name of the dissolved limited liability company is:

## **FILED EFFECTIVE**

2017 OCT -5 PM 3: 56

SECRETARY OF STATE STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

2.	The date the certificate of organization was originally filed:
3.	Other information concerning the dissolution (optional):
4.	Name and address to return acknowledgement copy of this form to:
	Chriselda Taylor PO Box 5081 Boise, ID 83705
	(Name) (Address)
5.	Signature of a manager, member, or authorized person.  Secretary of State use poly
	Chrisolde Taylor
	nted Name. Chriselda Taylor
Sia	nature: ( CK: NONE CT:133683 BH:1606162
	16 0.00 = 0.00 DISS LLC #2
	1105112
Signature:	