







Job Title: Manager

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-

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Select one: Standard, Expedited or Same Day Service (see	Standard (filing fee \$0)
descriptions below)	
The name of the limited liability company is: OCCAM'S RAZORWORKS, LLC	
The file number of this entity on the records of the Idaho Secret of State is:	etary 0000483196
2. The date the certificate of organization was originally filed is: 12/02/2015	
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 submitte	ed by mail):
Name of individual or organization	Pare Law, PLLC
Address	Danielle Pare 913 W RIVER ST
	STE 420
	BOISE, ID 83702-7081
The Statement of Dissolution must be signed by a manager, member, or author	ized person.
Wendy Rose	05/22/2020
Sign Here	Date