

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY FILED EFFECTIVE

2014 MAR 31 AM 10: 12

(Instructions on back of application)

The below named limited liability company has been dissolved pursuant to Section 30-6-701 and 30-6-702, Idaho Code. 1. The name of the dissolved limited liability company is: Pilot Car Broker, LUC 2. The date the certificate of organization was originally filed: Nov., D4, 2013 3. Other information concerning the dissolution (optional): 4. Name and address to return acknowledgement copy of this form to: Findrea Dwens Box 251 Grand Viau, TO 83/b24 5. Signature of a manager, member or authorized person. Signature Andra Owens Signature Inamo Secretary of State use only Signature TypedName 1. The below named dissolved process and solved process and solved person. TypedName TypedName 1. The below named dissolved process and solved person.		(mediation of pack of application)
1. The name of the dissolved limited liability company is: Pilot Car Broker, LLC 2. The date the certificate of organization was originally filed: Now, DY, 2013 3. Other information concerning the dissolution (optional): 4. Name and address to return acknowledgement copy of this form to: Find Yea Owens Box 251 Grand Viau, TO Bib24 5. Signature of a manager, member or authorized person. Signature Andrea Owens Signature Secretary of State use only		SECRETARY OF STATE
Pilof Car Broker, LU 2. The date the certificate of organization was originally filed:		The below harned limited liability company has been dissolved
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3. Other information concerning the dissolution (optional): 4. Name and address to return acknowledgement copy of this form to: 「「おんだんの ひゃり」 「おんだんの ひゃり」 「「なれん いん」」」 「 名が24 5. Signature of a manager, member or authorized person. Signature Andrea Ourns Signature Andrea Ourns Signature Typed Name Andrea Ourns		Pilot Car Broker, LLC
4. Name and address to return acknowledgement copy of this form to:	2.	The date the certificate of organization was originally filed: NOV, DY, 2013
Fridrea Owens Box 251 Grand View, ID 837024 5. Signature of a manager, member or authorized person. Signature Andrea Owens Signature	3.	Other information concerning the dissolution (optional):
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Grand View, TO 83624 5. Signature of a manager, member or authorized person. Signature Andrea Owens Signature		
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Signature		
Signature		
Signature	5.	Signature of a manager, member or authorized person.
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Signature Troughtoms		nature Secretary of State use only
Typod Name	Тур	pedName Andria Owins
Typed Name IDAHO SECRETARY OF STATE 93/31/2014 05:00	Sig	nature
	Тур	ped Name IDAHO SECRETARY OF STATE

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CK: NONE CT: 249423 BH: 1417804 1 0 0.00 = 0.00 DISS LLC # 2