





## **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 #: 0004941240

Date Filed: 10/6/2022 8:48:00 AM

| Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$0)                     |            |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|
| The name of the limited liability company is:  MCLEW LLC                                                            |                                               |            |
| The file number of this entity on the records of the Idaho<br>Secretary of State is:                                | 0000245574                                    |            |
| The date the certificate of organization was originally filed is:     10/16/2008                                    |                                               |            |
| 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                                                                                  | Dave McCollum                                 |            |
| Address                                                                                                             | 6126 S SETTLEMENT WAY<br>BOISE, ID 83716-9068 |            |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.                             |                                               |            |
|                                                                                                                     |                                               |            |
| dave mccollum                                                                                                       |                                               | 10/06/2022 |
| Sign Here                                                                                                           |                                               | Date       |
|                                                                                                                     |                                               |            |
| Job Title: partner                                                                                                  |                                               |            |