

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

Jennifer Richerson	1625 N 4th Street #203 Coeur d'Alene, ID 83814
(N)	

(Name)	

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name:		
Signature:	XR	
Printed Name:	00	
Signature:		
Rev. 08/2015		

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Secretary of State use only

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