

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

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

2016 DEC 27 AM 9: 09

SECRETARY OF STATE The limited liability company named herein has been dissolved pursuant to 30-25-702(10)(20)(20)(10)

1.	The name of the dissolved limited liability company is:  DONALD M. CANNON, M.D., PLLC		
2.	The date the certificate of organization was originally filed:		
3.	Other information concerning the dissolution (optional):		
1.	Name and address to return acknowledgement copy of this form to:		
	BENJAMIN J. CLUFF	156 SECOND AVE.	W., TWIN FALLS, IDAHO 83303
	(Name)	(Address)	<del></del>
5.	Signature of a manager, member, or	r authorized person.	Secretary of State use only
	nted Name: DONALD M. CANNON	10AHO SECRETARY OF STATE 12/28/2016 05:00	
Sigr	nature: Down		CK:NONE CT:249423 BH:1561135 16 0.00 = 0.00 DISS LLC #2
Prin	ited Name:		
	nature:	W155669	