

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code
No fee required unless expedited service requested
Complete and submit the application in <u>duplicate</u>.

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SECRETARY OF GRATE

The limited liability company	named herein has been dissolve	d pursuant to 30-25-702(0)(2)(A).
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1.	The name of the dissolved limited liability company is:
,	Sorensen & Scoville, PLLC

- 2. The date the certificate of organization was originally filed: February 17, 2015
- Other information concerning the dissolution (optional):
   Sorensen & Scoville, PLLC dissolved its entity on April 30, 2015.

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

Murray Jim Sorensen		
(Name)		
181 NW Main Street		
(Address), 1.10 UISSOLUTION (OF	tional).	
Blackfoot		83221
(C)(y)	(State)	(Zipcode)

7.	Signature of	a manager,	member,	or author	ized i	person.
	*					

Printed Name: Murray Jim Sorensen

Signature:\_

Printed Name:

Signature:

Rev. 07/2015

Secretary of State use only

10AHO SECRETARY OF STATE 08/27/2015 05:00

CK: NONE CT: 107592 BH: 1489886 16 0.00 = 0.00 DISS LLC #2

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