State





Signature:

Signature:

Printed Name:

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

For Office Use Only

-FILED-

File #: 0005415363

Date Filed: 9/27/2023 9:13:00 AM

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$0.00 + \$20.00 for manual processing (form must be typed).

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).				
1.	The name of the dissolved limited liability company is: The Brain Restore Center, LLC			
2.	The date the certificate of org	panization was originally filed:	9/18/2023 10/20/2022	
3.	Other information concerning the dissolution (optional):			
4.	Name and address to return acknowledgement copy of this form to:			
	Jason Green	52 Country Club La	52 Country Club Lane; Langhorne, PA 19047	
	(Name)	(Address)		
5.	Signature of a manager, member, or authorized person.		Secretary of State use only	
Printed Name: Jason Green				