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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



File #: 0003681706

Date Filed: 11/21/2019 8:30:40 AM

Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)
1. The name of the limited liability company is: IDAHO SURGICENTER NORTH, LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0000084454
2. The date the certificate of organization was originally filed is: 04/14/2003	
 Other information concerning the dissolution (optional): People we sold the business to have changed their mind and they a down this LLC. Our official last day of business service was March 	
4. Effective Date	
The dissolution shall be effective 11/21/2019	on a specific date.
Time	12:01 am
5. Name and address to return acknowledgment copy of this form to (if submitted by n	nail):
Name of individual or organization	Tony D Quinton
Address	ISCN 7265 E VALCO DR IDAHO FALLS, ID 83401-5997
The Statement of Dissolution must be signed by a manager, member, or authorized pe	erson.
Tony D Quinton	11/21/2019
Sign Here	Date
Signer's Title: physician owner	