



0004831110



**STATE OF IDAHO**  
*Office of the secretary of state, Lawrence 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*

**-FILED-**

File #: 0004831110

Date Filed: 7/25/2022 5:11:09 PM

|                                                                                                       |                                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 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:<br>Palomino LLC                                      |                                                      |
| The file number of this entity on the records of the Idaho Secretary of State is:                     | 0004345627                                           |
| 2. The date the certificate of organization was originally filed is:<br>07/12/2021                    |                                                      |
| 3. Other information concerning the dissolution (optional):<br>No longer in business                  |                                                      |
| 4. Effective Date<br>The dissolution shall be effective _____ when filed with the Secretary of State. |                                                      |
| 5. Name and address to return acknowledgment copy of this form to (if submitted by mail):             |                                                      |
| Name of individual or organization                                                                    | Michael Baumann                                      |
| Address                                                                                               | 2296 W YORKSHIRE AVE<br>COEUR D ALENE, ID 83815-9456 |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.               |                                                      |
| <i>Michael Baumann</i>                                                                                | <u>07/25/2022</u>                                    |
| Sign Here                                                                                             | Date                                                 |
| Job Title: Owner                                                                                      |                                                      |

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