



0005105690



STATE OF IDAHO
Office of the secretary of state, Phil McGrane
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 #: 0005105690

Date Filed: 2/21/2023 11:43:08 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: SEI MOBILE ANESTHESIA, PLLC | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0000415393 |
| 2. The date the certificate of organization was originally filed is: 03/31/2014 | |
| 3. Other information concerning the dissolution (optional): N/A | |
| 4. Effective Date 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 | SEI MOBILE ANESTHESIA |
| Address | PO BOX 4107 POCATELLO, ID 83205-4107 |
| The Statement of Dissolution must be signed by a manager, member, or authorized person. | |
| <u>DANIEL SNELL</u> | <u>02/21/2023</u> |
| Sign Here | Date |
| Job Title: MANAGER | |

B0779-8697 02/21/2023 11:43 AM Received by Office of the Idaho Secretary of State