







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

Job Title: Authorized Person - Paralegal for Legal Counsel, Stoel Rives LLP

For Office Use Only

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File #: 0003911618

Date Filed: 6/18/2020 11:05:33 AM

Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)
The name of the limited liability company is: Comprehensive Health Partners of Idaho LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0003833864
The date the certificate of organization was originally filed is: 04/03/2020	
3. Other information concerning the dissolution (optional):	
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	Stoel Rives LLP
Address	Theresa Howe 101 S CAPITOL BLVD STE 1900 BOISE, ID 83702-7705
The Statement of Dissolution must be signed by a manager, member, or authorized person.	
Theresa Howe	06/18/2020
Sign Here	Date