







Signer's Capacity Manager

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

-FILED-

File #: 0003375648

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The name of the limited liability company is: AUTUMN COVE MOBILE HOME PARK, LLC	
The file number of this entity on the records of the Idaho of State is:	o Secretary 0000039132
The date the certificate of organization was originally filed is: 01/05/1999	
3. Other information concerning the dissolution (optional):	
4. Name and address to return acknowledgment copy of this form to (if	submitted by mail):
Name of individual or organization	David N Johnson
Address	5411 WILLIAMS DR STE 303 GEORGETOWN, TX 78633-5236
The Statement of Dissolution must be signed by a manager, member, or	or authorized person.
David N Johnson	12/19/2018
Sign Here	Date