

3. Other information concerning the dissolution (optional):

 Name and address to return acknowledgement copy of this form to: Erniest Myatt 13726 Rochester St Boise, Idaho 83713

Rev. 08/2015

(Name)	(Address)	
5. Signature of a manager, member, or	r authorized person.	Secretary of State use only
Printed Name:		IDAHO SECRETARY OF STATE 11/20/2017 05:00
Signature: <u>St Matt</u>		CK:NONE CT:249423 BH:1612800 16 0.00 = 0.00 DISS LLC #2
Printed Name:		INTIL agal
Signature:		W169991