•

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY	PILED EFFECTIVE	
	2514 HAY 28 PH 4: 25	
(Instructions on back of application)	SECRETARY OF STALE STATE OF IDAHO	
	STALE OF MANO	
The below named limited liability company has been dissolved pursuant to Section 30-6-701 and 30-6-702, Idaho Code.	:	
1. The name of the dissolved limited liability company is:		
Haake Nephrology, PLLC	· · · · · · · · · · · · · · · · · · ·	
2. The date the certificate of organization was originally filed: $07/06$	/2009	
3. Other information concerning the dissolution (optional):		
and the dissolution (optional):		
4. Name and address to return acknowledgement copy of this form to) :	
12185 North Upper Ridge PI.		
Boise, ID 83714		
5. Signature of a manager, member or authorized person.		
b A A A		
Signature mit		
Typed Name Robert J. Haake	ecrotary of State use only	
	IDAHO SECRETARY OF STATE	
CK: NON	05/29/2014 05:00 NE CT:249423 BH:1426651	
Typed Name 10 0	.00 = 0.00 DISS LLC #2	
	6185195	
	WODLIU	
statement_dissolution_LLC.pmd Rov 06/2012		