

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

Printed Name:

Signature:

	Hailie Thomas	3512 Wood Acres Drive, Boise, ID 83705	
	(Name)	(Address)	
5.	Signature of a manager, membe	r, or authorized person.	Secretary of State use only
Printed Name: Hailie Thomas			IDAHO SECRETARY OF STATE 01/20/2016 05:00
Signature: Din The			$\begin{array}{r} CK:NONE \ CT:249423 \ BH:1509572 \\ 10 \ 0.00 \ \approx \ 0.00 \ DISS \ LLC \ \#2 \end{array}$

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Rev. 08/2015