





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 #: 0003683150

Date Filed: 11/23/2019 2:54:18 PM

Reid Lofgran Sign Here	
The Statement of Dissolution must be signed by a manager, member, or at	
Address	Reid Lofgran 2190 E 1850 S GOODING, ID 83330-6146
Name and address to return acknowledgment copy of this form to (if sub Name of individual or organization	omitted by mail): Reid W Lofgran
Time	8:00 am
4. Effective Date The dissolution shall be effective 12/31/2019	on a specific date.
3. Other information concerning the dissolution (optional):	
2. The date the certificate of organization was originally filed is: 09/08/2003	
The file number of this entity on the records of the Idaho S of State is:	Secretary 0000090807
The name of the limited liability company is: GOODING FAMILY PHYSICIANS, PLLC	
Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (sedescriptions below)	ee Standard (filing fee \$0)

Signer's Title: Manager