1.



## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code No fee unless not typed, or expedited service requested Complete and submit the application in duplicate.

The name of the dissolved limited liability company is:

2017 JAN 10 AM 8: 32

Complete and submit the application in duplicate.

SECRETARY OF STATE
STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

	The date the certificate of organization was originally filed.		
2.			
3.	Other information concerning the dissolution (optional):		
4.	Name and address to return acknowledgement copy of this form to:		
	Renee Johnstone 307 S. Long Bay Wa		
	(Martin)	(Address)	
5.	Signature of a manager, member, o	r authorized person.	Secretary of State use only
Printed Name: Reneé Johnstone			
	nature: <u>Pense Johnst</u>	bre	IDAHO SECRETARY OF STATE 01/10/2017 05:00 CK:NONE CT:320719 BH:1563325
Printed Name:			1@ 0.00 = 0.00 DISS LLC #2
Signature:			W162774