

3. Other information concerning the dissolution (optional):

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

Steven Caporale 410 E. State Street,		Ste 100, Eagle, Idaho 83616	
(Name)	(Address)		
5. Signature of a manager, member	r or authorized person –		
5. Signature of a manager, membe	i, or autionzed person.	Secretary of State use only	
Brinted Name: Steven Caporale		IDAMO SECRETARY OF STATE	
Printed Name:		08/23/2017 05:00	
A	0	CK:NONE CT:249423 BH:1599533	
Signature: There of and	<u>t</u>	10 0.00 = 0.00 DISS LLC #2	
Drinted Nomes			
Printed Name:			
		W133824	
Signature:			