



0005335164



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**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 #: 0005335164

Date Filed: 7/31/2023 11:43:55 AM

Statement of Dissolution (LLC or PLLC)	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)
1. The name of the limited liability company is: North Idaho Neurofeedback LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0004361953
2. The date the certificate of organization was originally filed is: 07/30/2021	
3. Other information concerning the dissolution (optional):	
4. Effective Date The dissolution shall be effective _____ when filed with the Secretary of State.	
5. Name and address to return acknowledgment copy of this form to (if submitted by mail):	
Name of individual or organization	Amanda L Russell
Address	1317 PROMINENCE CT SANDPOINT, ID 83864
The Statement of Dissolution must be signed by a manager, member, or authorized person.	
<u>Amanda L Russell</u> Sign Here	<u>07/31/2023</u> Date
Title: Owner	

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