





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 #: 0006072756

Date Filed: 1/16/2025 1:21:55 PM

| Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below) | Expedited (+\$40; total fee \$40) | |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| The name of the limited liability company is: FIRST CARE SPINE AND REHAB LLC | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0005606607 | |
| The date the certificate of organization was originally filed is: 02/29/2024 | | |
| 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 | Fabian VanCott | |
| Address | 95 S STATE ST STE 2300 | |
| | SALT LAKE CITY, UT 84111-1653 | |
| The Statement of Dissolution must be signed by a manager, member, or authorized person. | | |
| | | |
| Nathan Miller | 01/16/2025 | |
| Sign Here | Date | |
| | | |
| Title: Manager | | |