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## 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.

SECRETARY OF STATE STATE OF IDAHO

2016 DEC 30 AM 10: 18

Mark Bethers  400 Holsten Bank Way, Cary, NC 27519  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  Daho secretary of State use only  IDAHO SECRETARY OF STATE  12/30/2016 05:00  CK:NONE CT:309469 BH:1561684  1@ 0.00 = 0.00 DISS LLC #2  Signature:	The	limited liability company nar	ned herein has been dissolv	ed pursuant to 30-25-702(b)(2)(A).	
4. Name and address to return acknowledgement copy of this form to:  Mark Bethers  4. When the second address to return acknowledgement copy of this form to:  Mark Bethers  4. Name and address to return acknowledgement copy of this form to:  Mark Bethers  4. Name and address to return acknowledgement copy of this form to:  Mark Bethers  4. Name and address to return acknowledgement copy of this form to:  Mark Bethers  4. Name and address to return acknowledgement copy of this form to:  Mark Bethers  5. Signature of a manager, member, or authorized person.  Secretary of State use only  Printed Name:  12/30/2016 05:00  CK: NOME CT: 309469 BH: 1561684  16 0.00 = 0.00 DISS LLC #2	1.				
4. Name and address to return acknowledgement copy of this form to:  Mark Bethers  400 Holsten Bank Way, Cary, NC 27519  (Accress)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  Mark Bethers  IDAHO SECRETARY OF STATE  12/30/2016 05:00  CK:NONE CT: 303469 BH: 1561684  16 0.00 = 0.00 DISS LIC #2	2.	The date the certificate of organization was originally filed:			
Mark Bethers  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  authorized person  Printed Name:  authorized person  CK: NONE CT: 303469 BH: 1561684  1@ 0.00 = 0.00 DISS LLC #2  Signature:	3.	Other information concerning the dissolution (optional):			
Mark Bethers  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  authorized person  Printed Name:  authorized person  CK: NONE CT: 309469 BH: 1561684  10 0.00 = 0.00 DISS LLC #2					
Mark Bethers  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  authorized person  Printed Name:  authorized person  CK: NONE CT: 309469 BH: 1561684  10 0.00 = 0.00 DISS LLC #2					
Mark Bethers  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  authorized person  Printed Name:  authorized person  CK: NONE CT: 309469 BH: 1561684  10 0.00 = 0.00 DISS LLC #2					
Mark Bethers  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  authorized person  Printed Name:  authorized person  CK: NONE CT: 303469 BH: 1561684  1@ 0.00 = 0.00 DISS LLC #2  Signature:					
Mark Bethers  (Name)  (Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  authorized person  Printed Name:  authorized person  CK: NONE CT: 303469 BH: 1561684  1@ 0.00 = 0.00 DISS LLC #2  Signature:					
(Address)  5. Signature of a manager, member, or authorized person.  Printed Name:  Secretary of State use only  IDAHO SECRETARY OF STATE  12/30/2016 05:00  CK:NONE CT:309469 BH:1561684  16 0.00 = 0.00 DISS LLC #2  Signature:	4.	Name and address to return acknowledgement copy of this form to:			
5. Signature of a manager, member, or authorized person.  Printed Name:  Mark Bethers  Signature:  Daho Secretary of State use only  IDAHO SECRETARY OF STATE  12/30/2016 05:00  CK:NONE CT:303463 BH:1561684  16 0.00 = 0.00 DISS LLC #2  Signature:			400 Holsten Bank W	400 Holsten Bank Way, Cary, NC 27519	
Printed Name:  Mark Bethers  Signature:  Date State use only  IDAHO SECRETARY OF STATE  12/30/2016 05:00  CK:NONE CT:303463 BH:1561684  16 0.00 = 0.00 DISS LLC #2  Signature:		(Name)	(Address)		
Signature:	5.				
Printed Name: authorized person	Prin	ted Name: Mark Bethers			
Printed Name: CK: NONE CT: 303463 BH: 1561684  10 0.00 = 0.00 DISS LLC #2  Signature:	Sigr	nature: <u>Maul J3</u>	them		
Signature:	Printed Name:			CK:NONE CT:309469 BH:1561684	
Rev. 08/2015	Signature:			NI57272	