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.

2017 OCT 18 PH 4 28

SECRETARY OF STATE
The limited liability company named herein has been dissolved pursuants 174 (2)(A).

Other information concerning the dissolution (optional): Name and address to return acknowledgement copy of this form to: Lisa M. Schoettger PO Box 487, Twin Falls, ID 83303	The date the certificate of	organization was originally file	12-30-2013 ed:
Lisa M. Schoettger PO Box 487, Twin Falls, ID 83303	Other information concern	ing the dissolution (optional):	
Lisa M. Schoettger PO Box 487, Twin Falls, ID 83303			
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Lisa M. Schoettger PO Box 487, Twin Falls, ID 83303	Name and address to return	m asknowledgement geny of	this farm to
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(Name) (Address)		(Address)	
Signature of a manager, member, or authorized person.	(Name)		

W132539

Printed Name:

Signature:_

Rev. 08/2015