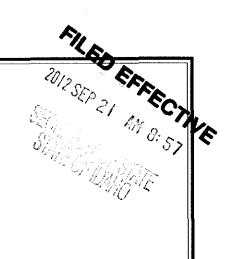


Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)



The below named limited liability company has been dissolved

4	pursuant to Section 30-6-701 and 30-6-702, Idaho Code.
1.	The name of the dissolved limited liability company is:
	medical grade Ilc
2.	The date the certificate of organization was originally filed: 06/08/2012
3.	Other information concerning the dissolution (optional):
4.	Name and address to return acknowledgement copy of this form to:
4.	Name and address to return acknowledgement copy of this form to: Jeffrey E. Rolig
4.	Jeffrey E. Rolin
4.	Jeffrey E. Rolig
4.	P.O. Box 5455
	Jeffrey E. Rolig P.O. Box 5455 Twin Falls, ID 83303
	P.O. Box 5455
5.	Jeffrey E. Rolig P.O. Box 5455 Twin Falls, ID 83303 Signature of a manager, member or authorized person.
5.	Jeffrey E. Rolig P.O. Box 5455 Twin Falls, ID 83303 Signature of a manager, member or authorized person.

statement_dissolution_LLC.pmd Rev.06/2012

IDAHO SECRETARY OF STATE
99/21/2012 95:90
CK: 19984 CT: 142512 BH: 1349899
1 0 0.99 = 0.90 DISS LLC # 2

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