

Signature: <u>\(\lambda \)</u>

Signature:_

Rev. 08/2015

Printed Name:

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.



The limited liability company named herein has been dissolved pursuant to 30-25-702(4)(2)(A)

Advanced Irrigation Technology	nologies, LLC
The date the certificate of	organization was originally filed:
Other information concern	ning the dissolution (optional):
Name and address to retu	urn acknowledgement copy of this form to:
Mya L. Goodman	133 Carney Street, Twin Falls, ID 83301
(Name)	(Address)
Signature of a manager, me	ember, or authorized person. Secretary of State use only
ed Name: Mya Goodman	IDAHO SECRETARY OF STATE 10/20/2015 05:00

WL29239

10/20/2015 05:00 CK:1039 CT:297270 BH:1497024 10 0.00 = 0.00 DISS LLC #3