

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.

2816 APR - 1 PM 3: 48

The	limited liability company	named herein has been dissolve	SECHETARY OF STATE and pursuant to 30-25-702 (b) (2) (b) (c)
1.	The name of the dissolved limited liability company is: Capital City Clinical Research LLC		
2.	The date the certificate of organization was originally filed:		
3.	Other information concerning the dissolution (optional): Business was closed 5-1-15.		
4.	Name and address to re	eturn acknowledgement copy of	this form to:
••	Susan Hill	1483 E Griffon St. Meridian, ID 83642	
	(Name)	(Address)	
5.	Signature of a manager, member, or authorized person. Secretary of State use only		
Prir	nted Name: Susan A. HIL	L	IDAHO SECRETARY OF STATE
	nature	21:00	04/01/2016 05:00 CK:NONE CT:249423 BH:1521734 10 0.00 = 0.00 DISS LLC #2
Printed Name:			16 0.00 - 0.00 DI22 TIT AS

Signature:

Rev. 08/2015