Jun Ø	3 2016 17	:26:56 Via Fax	->	Vonage	e.	Page 004 Of 004			
AP.		STATEMENT	OF DISS	OLUTION					
		LIMITED LIA Tille 30, Chapters 21 a			FILED	EFFECTIVE			
1. Sec		No fee unless not type Complete and submit t	-	•	2016 JUN - 3	PM 3: 52			
SECRETARY OF STATE The limited liability company named herein has been dissolved pursuant 16 15 25 1741(b)(2)(A).									
	The name of the dissolved limited liability company is: Christensen Dental, PLLC								
2.	The date	the certificate of orga	nization was or	08 Ju	uly 2003				

Other information concerning the dissolution (optional):
Dissolution effective June 3, 2016. Practice is ceasing operations.

4. Name and address to return acknowledgement copy of this form to:

	Lynde D Garner	24457 County 25	Akeley, MN	56433
	(Nama)	(Address)		
5.	Signature of a manager, member, o	Secreta	ary of State use only	
	ted Name: Lynde D Garner	er	06/	SECRETARY OF STATE 03/2016 05:00 CT:249423 BH:1531591
Prin	ted Name:		10 0.00	= 0.00 DISS LLC #2
Sigr Rev. 08	nature:		Wa	25019