

Signature

Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 KUV 23 PM 3: 26

STATE OF IDAHO

		, , , , , , , , , , , , , , , , , , , ,	
	The below named limited liability company has been disspursuant to Section 30-6-702, Idaho Code.	solved	
1.	The name of the dissolved limited liability company is:		
	Idaho Spine and Sports Chiropr	actic, LLC	
2.	The date the certificate of organization was originally filed	d:	
3.	Other information concerning the dissolution (optional):		
4.	Name and address to return acknowledgement copy of this form to:		
	8752 W. Overland Rd. Boise, ld. 83709		
5.	Signature of a manager, member or authorized person.		
Sig	nature	Complement Obstance and	
Тур	ped Name Kendrick L. Tweedt	Secretary of State use only	
	-11-		

statement_dissolution_LLC.pmd Rev.07/2010

IDAHO SECRETARY OF STATE
11/23/2010 05:00
CK: NONE CT: 249423 BH: 1248353
10 0.00 = 0.80 DISS LLC # 2