

**STATE OF IDAHO****Office of the secretary of state, Lawerence Denney
STATEMENT OF DISSOLUTION LIMITED LIABILITY
COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

0004612927

For Office Use Only**-FILED-**

File #: 0004612927

Date Filed: 3/10/2022 8:12:33 AM

Statement of Dissolution (LLC or PLLC)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$0)

1. The name of the limited liability company is:

Aspire Dental Care PLLC

The file number of this entity on the records of the Idaho Secretary of State is: 0003746649

2. The date the certificate of organization was originally filed is:

01/14/2020

3. Other information concerning the dissolution (optional):

4. Effective Date

The dissolution shall be effective when filed with the Secretary of State.

5. Name and address to return acknowledgment copy of this form to (if submitted by mail):

Name of individual or organization

Jarom John

Address

2805 EVENING SUN DR
TWIN FALLS, ID 83301-8978

The Statement of Dissolution must be signed by a manager, member, or authorized person.

Jarom L. John

Sign Here

03/10/2022

Date

Job Title: Manager

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