

Printed Name:

Signature:

Rev. 08/2015

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 2018 MAY 14 AM 10: 42

Complete and submit the application in duplicate.

SECRETARY OF STATE

| | dissolved limited liability company is: | |
|--|---|---|
| The date the cert | ificate of organization was originally file | 03/30/2015 |
| Other information | concerning the dissolution (optional): | |
| | | |
| | | |
| | | |
| Name and addre | ss to return acknowledgement copy of | this form to: |
| Christian Kerodin P. O. Box 195 * St. Maries, ID 83861 | | Maries, ID 83861 |
| (Namé) | (Address) | |
| Signature of a manager, member, or authorized person. | | Secretary of State use only |
| nted Name: Christian Kerodin | | IDAHO SECRETARY OF STATE 05/14/2018 05:00 |
| nature: Chifo Kust | | CK:NONE CT:249423 BH:164364 10 0:00 = 0:00 DISS LLC #2 |

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