



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 NOV 17 AM 10:24

SECRETARY OF STATE
STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

1. The name of the dissolved limited liability company is:

Legacy Smiles, LLC

2. The date the certificate of organization was originally filed: 5/9/2013

3. Other information concerning the dissolution (optional):

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

Jennifer Retana

1180 N Olive Ave, Meridian ID 83642

(Name)

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: John D McMurray

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/17/2015 05:00

CK:1110 CT:313886 BH:1500737

1@ 0.00 = 0.00 DISS LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W125117