

Rev. 08/2015

## 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

2017 JUN 26 AM 11: 19

SECRETARY OF STATE STATE OF IDAHO

10 0.00 = 0.00 DISS LLC #2 16 20.00 = 20.00 EXPEDITE C #3

Wa5052

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:  Double Onion, LLC |                              |                                                   |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------|---------------------------------------------------|
| 2. The date the certificate of organization was originally filed:  July 11, 2003 |                                                                            |                              | July 11, 2003                                     |
| 3.                                                                               | Other information concerning the dissolution (optional):                   |                              |                                                   |
|                                                                                  |                                                                            |                              |                                                   |
|                                                                                  |                                                                            |                              |                                                   |
| ٠                                                                                |                                                                            |                              |                                                   |
|                                                                                  |                                                                            |                              |                                                   |
| 4.                                                                               | Name and address to return                                                 | acknowledgement copy of this | s form to:                                        |
| •                                                                                | Nicole C. Snyder                                                           | PO Box 2527, Boise, IE       |                                                   |
|                                                                                  | (Name)                                                                     | (Address)                    |                                                   |
| 5.                                                                               | Signature of a manager, men                                                | nber, or authorized person.  | Secretary of State use only                       |
| Printed Name: Jon C. Watson  IDAHO SECRETARY OF STATE                            |                                                                            |                              |                                                   |
| Sig                                                                              | nature: 9000                                                               | Who -                        | 06/26/2017 05:00<br>CK:PREPAID CT:2105 BH:1590587 |