







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

Select one: Standard, Expedited or Same Day Service (see

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-FILED-

File #: 0004391572

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descriptions below) 1. The name of the limited liability company is: LOST RIVER ANESTHESIA LLC The file number of this entity on the records of the Idaho Secretary 0003909354 of State is: 2. The date the certificate of organization was originally filed is: 06/15/2020 3. Other information concerning the dissolution (optional):

4. Effective Date

The dissolution shall be effective

Statement of Dissolution (LLC or PLLC)

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

Hannah A Punk

Address

401 W HEMLOCK AVE KANE, PA 16735-1658

Standard (filing fee \$0)

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

Hannah Punk 08/24/2021

Sign Here Date

Job Title: Partner