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Rev. 04/2015

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY 2016 APR -8 PM 2: 20

FILED EFFECTIVE

No fee unless not typed, or expedited service requested SECRETARY OF STATE

Complete and submit the application in duplicate.

STATE OF IDAHO

The date the certificate of	organization was originally fil	02/: 5/2016 ed:
Other information concern	ing the dissolution (optional):	
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Name and address to retu	um acknowledgement copy o	of this form to:
Jessica Ramirez	545 Lake Street Kimberly Idaho 83341	
(Name)	(Address)	
Signature of a manager, m	ember, or authorized person.	Secretary of State use only
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