Time: 11:49 AM Page: 4

19 AM From: 2082676368

082676368 To: 2083342

256

FILED EFFECTIVE



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)



The below named limited liability company has been dissolved pursuant to Section 30-6-702, Idaho Code.

1.	The name of	the dissolved	limited	liability	company	is
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The date the certificate of organization was originally filed: ______ 3/31/2010

WYMAN WATER WORKS, LLC

3. Other information concerning the dissolution (optional):

THE SOLE OWNER, ROBERT E. WYMAN, IS DECEASED. TAMARA GALVAN IS THE TRUSTEE TO THE ESTATE.

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

TAMARA GALVAN

321 NE 163RD STREET

SHORELINE, WA 98155-5733

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

Typed Name TAMARA GALVAN, TRUSTEE

Secretary of State use only

Signature _____

Typed Name

IDAHO SECRETARY OF STATE 05/08/2012 05:00 CK: NONE CT: 249423 BH: 1323221 1 0 0.00 = 0.00 DISS LLC # 2

statement_dissolution_LC.pmd Rev C7/2010

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