

3. Other information concerning the dissolution (optional):

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

ANITA JONES	PO BOX 756, BRUSH	HPRAIRIE, WA 98606
(Name)	(Address)	
5. Signature of a manager, member	, or authorized person.	Secretary of State use only
Printed Name:		IDAHO SECRETARY OF STATE
Printed Name:		05/16/2016 05:00
		CK:NONE CT:258038 BH:1528732
Signature: Unite forey		$10 \ 0.00 = 0.00 \text{ DISS LLC } #3$
Printed Name:		
Signature:		W102708
Rev. 08/2015		