

Typed Name

## **ARTICLES OF DISSOLUTION**

## FILED EFFECTIVE

|              | LIMITED LIADI  | LITT COMPANT                         | 09          | 9 KOV 13            | AM 10: 53                               |
|--------------|--|--------------------------------------|-------------|---------------------|---|
|              | (Instructions on t   | pack of application)                 | SEC         | CRETARY<br>STATE OF | OF STATE<br>IDAHO                       |
|              | low named limited liability on<br>to section 53-642, Idaho | company has been dissolve<br>o Code. | ∍d          | -                   | <br>                                    |
| 1. The na    | me of the dissolved limited                                | l liability company is:              |             |                     |   |
| _10          | AHO FILM STUDIOS   | s, LC                                |             |                     |   |
| 2. Its artic | eles of organization were file                             | ed with the Secretary of Sta         | te on: 11   | 17/200              | <b>6</b>                                |
| 3. The rea   | ason for the dissolution is:                               |                                      |             |                     |   |
| THE          | BUSINESS IS NO   | LONGER VIABLE                        | = 1N 1D     | CHA.                |   |
| •            |  |                                      |             |                     |   |
| 4. Otheri    | nformation concerning the                                  | dissolution (optional):              |             |                     | <b>%</b>                                |
|              |  |                                      |             | •                   | ر<br>نور (م                             |
|              |  |                                      |             |                     | j                                       |
|              |  |                                      |             | ,                   |   |
|              |  |                                      |             |                     |   |
|              |  |                                      | •           |                     | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|              | •  |                                      |             |                     |   |
|              |  |                                      |             |                     |   |
| •            |  |                                      | -           |                     | :<br>:                                  |
| 5. Signate   | ure of at least 1 manager of                               | or member                            |             |                     |   |
| Signature    | Su Constanting   | MANAGER Capacity Capacity            | Secretary o | f State use only    |   |
| Typed Name   | TOM WILLAMSON  | Capacity \$                          | U           | 156                 | 055                                     |
| Signature .  |  | 7/80pe                               | ī           | DANN SECRETAR       | Y OF STATE                              |

Capacity -

11/13/2009 05:00 CK: 333954 CT: 172099 BH: 1195268 1 @ 30.00 = 30.00 DISS LLC W 2