

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code No fee required unless expedited service requested

## **FILED EFFECTIVE**

2015 AUG -3 PM 4: 43

	Complete and submit the application	cation in <u>duplicate</u> .	STATE OF IDAHO
The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).			
The name of the dissolved limited liability company is:			
The Great	at Walk-About LLC		
The date	the certificate of organization	n was originally file	d: 16 APR 2013
Other information concerning the dissolution (optional):			
Business did not perform as needed. Only generated losses.			
4. Name and address to return acknowledgement copy of this form to:			
	Valee Wells		
	81 E 1st N		
•	(Address) Soda Springs	D	83276
	(City)	(Stale)	(Zipcode)
5. Signature of a manager, member, or authorized person.  Secretary of State use only			
nted Name	Yalee Wells		TRIVO SECREMINU ON SERVE
Signature Lake & Olla			10AHO SECRETARY OF STATE 08/03/2015 05:00 CK:3087058 CT:172099 BH:1486485
Printed Name:			10 0.00 = 0.00 DISS LLC #2 10 20.00 = 20.00 EXPEDITE C #3
Signature:			W124323
	Imited liaid The name The Great The date Other info Business Signate Inted Name Inted Name Inted Name Inted Name Inted Name Inted Name Inter Na	Complete and submit the application limited liability company named herein. The name of the dissolved limited liability the Great Walk-About LLC.  The date the certificate of organization of the information concerning the dissolved limited liability. Business did not perform as needed.  Name and address to return acknowled.  Valee Wells  (Name)  81 E 1st N  (Address)  Soda Springs (City)  Signature of a manager, member, or another Name: Valee Wells  mature Wells  mature Wells  mature:	Complete and submit the application in duplicate.  limited liability company named herein has been dissolved. The name of the dissolved limited liability company is:  The Great Walk-About LLC.  The date the certificate of organization was originally file.  Other information concerning the dissolution (optional):  Business did not perform as needed. Only generated to Valee Wells  (Name)  81 E 1st N  (Address)  Soda Springs (City)  Signature of a manager, member, or authorized person.  Inted Name: Valee Wells  Institute:  Institut