





STATE OF IDAHO Office of the secretary of state, Phil McGrane STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005691608

Date Filed: 4/12/2024 4:12:36 PM

descriptions below) 1. The name of the limited liability company is: Lake View Farms, LLC The file number of this entity on the records of the Idaho Secretary of State is: 2. The date the certificate of organization was originally filed is: 12/21/2023 3. Other information concerning the dissolution (optional): Filing was created in error. This filing is to be dissolved and corrected. 4. Effective Date The dissolution shall be effective when file 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization Twin Fa Address DAVID N 1505 M STE 106	d (filing fee \$0) 435
Lake View Farms, LLC The file number of this entity on the records of the Idaho Secretary of State is: 2. The date the certificate of organization was originally filed is: 12/21/2023 3. Other information concerning the dissolution (optional): Filing was created in error. This filing is to be dissolved and corrected. 4. Effective Date The dissolution shall be effective when file 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization Twin Fa Address DAVID N STE 100 TWIN FA	435
Secretary of State is: 2. The date the certificate of organization was originally filed is: 12/21/2023 3. Other information concerning the dissolution (optional): Filing was created in error. This filing is to be dissolved and corrected. 4. Effective Date The dissolution shall be effective when file 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization Twin Fa Address DAVID N STE 100 TWIN FA	435
3. Other information concerning the dissolution (optional): Filing was created in error. This filing is to be dissolved and corrected. 4. Effective Date The dissolution shall be effective when file 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization Twin Fa Address DAVID N STE 100 TWIN FA	
Filing was created in error. This filing is to be dissolved and corrected. 4. Effective Date The dissolution shall be effective when file 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization Twin Fa Address DAVID N STE 100 TWIN FA	
The dissolution shall be effective when file 5. Name and address to return acknowledgment copy of this form to (if submitted by mail): Name of individual or organization Address DAVID N 1505 M STE 100 TWIN F	
Name of individual or organization Address DAVID I 1505 M STE 100 TWIN F	ed with the Secretary of State.
Address DAVID N 1505 M/ STE 100 TWIN F/	
1505 M/ STE 100 TWIN F/	ls Estate Planning, PLLC
The Statement of Dissolution must be signed by a manager, member, or authorized person.	1. TAYLOR NDRONA ST N I BLDG 1000 NLLS, ID 83301-8320
Tracy Stanger	04/12/2024
Sign Here	Date