



0004543630

**STATE OF IDAHO***Office of the secretary of state, Lawerence Denney***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 #: 0004543630

Date Filed: 12/28/2021 9:16:46 PM

## Statement of Dissolution (LLC or PLLC)

Select one: Standard, Expedited or Same Day Service (see  
descriptions below)

Standard (filing fee \$0)

1. The name of the limited liability company is:

RIVER OF NO RETURN EMERGENCY MEDICINE L.L.C.

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:

01/09/2018

3. Other information concerning the dissolution (optional):

4. Effective Date

The dissolution shall be effective on a specific date.

12/31/2021

Time 12:01 am

5. Name and address to return acknowledgment copy of this form to (if submitted by mail):

Name of individual or organization Kyle Irby

Address 3519 W ROSE HILL ST  
BOISE, ID 83705-1524

The Statement of Dissolution must be signed by a manager, member, or authorized person.

KYLE IRBY

Sign Here

12/28/2021

Date

Job Title: Owner

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