



0004543630

**STATE OF IDAHO**

Office of the secretary of state, Lawrence 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: 0000585592

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

B0672-1752 12/28/2021 9:16 PM Received by ID Secretary of State Lawrence Denney