STATEMENT OF DISSOLUTION

FILED EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Sociatory of State

for statement of dissolution. 1. The name of the partnership is:		SECRETARY OF STATE STATE OF IDAHO
2. The date of filed statement of partnership of authority is:		11/19/09
3. The partnership is dissolved and is winding	up its business.	
4. Must be signed by 2 partners.	10	Secretary of State use only

g.\corp\forms\gpforms\pdissolution.p65 Revision 09/2002 12/19/14 Date: ____ Signature: ____ Richard L Crapo Typed name: _ Signature: _ David V Crapo Typed name:

IDAHO SECRETARY OF STATE 01/07/2015 05:00 CK:1168 CT:248630 BH:1455927 10 30.00 = 30.00 STMT DISS #2