

Typed Name \_\_\_

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)



The below named limited liability company has been dissolved

F	oursuant to Section 30-6-701 and 30-6-702, Idano Code.
1. 7	The name of the dissolved limited liability company is:
2.	The date the certificate of organization was originally filed: August 29, 2005
3. (	Other information concerning the dissolution (optional):
4. 1	Name and address to return acknowledgement copy of this form to:
	42 Sandpoint Ave #333
	Sandpoint, Idah 83864
5. \$	Signature of a manager, member or authorized person.
Signa	ature Alla Alla Alla Alla Alla Alla Alla All
Туре	Secretary of State use only STATE 10AHO SECRETARY OF STATE 07/02/2015 05:00 CK: NONE CT: 249423 BH: 148237
Signa	ature

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