

1.

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed or expedited service requested

Complete and submit the application in duplicate.

The name of the dissolved limited liability company is:

2018 AUG -6 PM 1: 45

SECRETARY OF STATE

The limited liability company	y named herein has be	en dissolved p	ursuant\$J\$J6-25-	702(16)(2)(A).

	4K FIELD OF DREAMS, LLC				
2,	The date the certificate of organization was originally filed: 3/31/2014				
3.	Other information concerning the dissolution (optional): BUSINESS SOLD 9/15/17				
4.	Name and address to return acknowledgement copy of t	his form to:			
	ROBERT FIELD 4752 FACULTY AVE., LONG BEACH, (Name) (Address)	CA 90808			
7.	Signature of a manager, member, or authorized person.	Secretary of State use only			
	nted Name: ROBERT FIELD (nature:	IDAHO SECRETARY OF STATE  08/06/2018 05:00  CK:NONE CT:249423 BH:1657417			
	nted Name (BCB) MEMBER	10 0.00 = 0.00 DISS LLC #2			
•	nature:	W13614Z			