



Signature: Revised 01/2019

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

For Office Use Only						
15	The state of the s		OF DISSOLUTI		-FILED-	8242
E		LIMITED LIA	BILITY COMPAN	IY	File #: 0004428098	2
15.0		Fitle 30, Chapters 21 a	and 25, Idaho Code		Date Filed: 9/20/2021 12:22:00 PM	N9/
	E	Base Filing fee: \$0.00 +	\$20.00 for manual processing	(form must be ty	ped).	」 2
The	The name		d herein has been dissolv ited liability company is:	ed pursuant to	o 30-25-702(b)(2)(A).	20/2021 12:22
2. The date the certificate of organization was originally filed: 12/30/2010						PM Rec
Other information concerning the dissolution (optional): Closed due to Covid.						Received
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4. Name and address to return acknowledgement copy of this form to:						24.00
	Sandy Navidi 42924 SE 114th Street North Bend, WA 98045					
	(Name)		(Address)			_
5.	Signature	of a manager membe	er or authorized person	· · · · · · · · · · · · · · · · · · ·		w W
5. Signature of a manager, member, or authorized person. Secretary of State use only Printed Name: Sand Namida						Lawerence
	Signature: Sandy Mand					
	Printed Name:					