



0004437703

**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 #: 0004437703

Date Filed: 10/5/2021 8:29:55 AM

|                                                                                                                                                                                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 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:<br>GAIA SPEAKS, LLC<br>The file number of this entity on the records of the Idaho Secretary of State is: 0000596045                               |                           |
| 2. The date the certificate of organization was originally filed is:<br>03/12/2018                                                                                                                 |                           |
| 3. Other information concerning the dissolution (optional):<br>No business for 2 years                                                                                                             |                           |
| 4. Effective Date<br>The dissolution shall be effective when filed with the Secretary of State.                                                                                                    |                           |
| 5. Name and address to return acknowledgment copy of this form to (if submitted by mail):<br>Name of individual or organization Michael S Haley<br>Address 8281 W ORBIT DR<br>BOISE, ID 83709-7876 |                           |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.                                                                                                            |                           |
| <u>Michael Haley</u><br>Sign Here                                                                                                                                                                  | <u>10/05/2021</u><br>Date |
| Job Title: Managing Partner                                                                                                                                                                        |                           |

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