







Job Title: manager

STATE OF IDAHO

Office of the secretary of state, Lawerence 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 #: 0004360178

Date Filed: 7/28/2021 2:28:30 PM

| Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filling fee \$0) |
|---|--|
| The name of the limited liability company is: WE GOT THIS, LLC | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0000500205 |
| 2. The date the certificate of organization was originally filed is: 04/07/2016 | |
| 3. Other information concerning the dissolution (optional): | |
| 4. Effective Date | |
| 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 n | nail): |
| Name of individual or organization | scott knight |
| Address | 11371 W AMITY RD BOISE, ID 83709-5053 |
| The Statement of Dissolution must be signed by a manager, member, or authorized pe | irson. |
| scott knight | 07/28/2021 |
| Sign Here | Date |
| | |