

Signature:____

Rev. 07/2015

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code No fee required unless expedited service requested Complete and submit the application in duplicate

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	Complete and submit the application in <u>duplica</u>	<u>e</u> .	CUITA NOS -SI MIT SI 40
The limited liability company named herein has been dissolved pursuant to 30-25-705 NATE OF STATE			
1.	The name of the dissolved limited liability company JM Health Solutions LLC	s: 	
2.	The date the certificate of organization was originally	filed: June 22	2, 2015
3.	Other information concerning the dissolution (optional):		
4. Name and address to return acknowledgement copy of this form to:			
	Matthew Hoskin		
	(Name) 2557 E. Tybalt Drive (Address)		_
	Meridian II		_
	(City) (State) (Zipcode)
7. Signature of a manager, member, or authorized person. Secretary of State use only			
Printed Name: Matthew Hoskin			1DAHO SECRETARY OF STATE 08/03/2015 05:00
Signature: Matt			ONE CT:249423 BH:1486367 0.00 = 0.00 DISS LLC #2
Printed Name:			153138