



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 APR -9 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

1. The name of the dissolved limited liability company is:

University City Insurance LLC

2. The date the certificate of organization was originally filed: April 12th 2010

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

Michael Osterholz

P O Box 234 Platteville, WI 53818

(Name)

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Michael Osterholz

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/09/2018 05:00

CK: NONE CT: 249423 BH: 1637082

1@ 0.00 = 0.00 DISS LLC #2

WA2383