

3. Other information concerning the dissolution (optional):

Name and address to return acknowledgement copy of this form to:
Susan Centeno
491 N Strata Via Way Boise ID 83712

(Name) (Addreas)	
5. Signature of a manager, member, or authorized person.	Secretary of State use only
Printed Name: Susan Centeno	IDAHO SECRETARY OF STATE 07/06/2018 05:00 CK:NONE CT:249423 BH:1652427
Signature:	10 0.00 = 0.00 DISS LLC #2
Signature:	W43013