

256

FILED EFFECTIVE

**STATEMENT OF DISSOLUTION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2011 JAN 19 PM 1:10

SECRETARY OF STATE
STATE OF IDAHO

The below named limited liability company has been dissolved
pursuant to Section 30-6-702, Idaho Code.

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

POTLATCH FAMILY DENTAL PLLC

2. The date the certificate of organization was originally filed: 27th JUNE 2007

3. Other information concerning the dissolution (optional):

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

AMMON PITTP.O. BOX 601 225 6th ST.POTLATCH, ID 83855

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

Signature

Typed Name

Ammon Pitt

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
01/19/2011 05:00
CK: NONE CT: 249423 BH: 1256048
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