1.



## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE** 

Title 30, Chapters 21 and 25, Idaho Code No fee unless not typed, or expedited service requested Complete and submit the application in duplicate.

The name of the dissolved limited liability company is:

2017 NOV 29 AM 9: 17

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

The Autoimmune Store	s LLC	
The date the certificate	of organization was originally filed	. 06/5/2017 d:
	or organization rad originally mo	
Other information conce	erning the dissolution (optional):	
Name and address to re	eturn acknowledgement copy of the	nis form to:
Denalee Chapman 391 W. 14th St. Idaho		Falls, Idaho, 83402
(Samu)	(Madistre)	
Signature of a manager,	member, or authorized person.	Secretary of State use only
Denales Charmes		•
nted Name: Chapman		IDAHO SECRETARY OF STATE 11/29/2017 05:00
nature:		CK: NONE CT: 249423 BH: 1613943 16 0.00 = 0.00 DISS LLC #2
ted Name:		
nature:		141122220
V2015		W183808