



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

2017 FEB -1 AM 10:59

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:

SPECIALTY LABS PLLC

2. The date the certificate of organization was originally filed: OCTOBER 5, 2010

3. Other information concerning the dissolution (optional):

Company was "physically dissolved"
Dec 31st 2016

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

DR. TAMARA SIMON

250 BOBWHITE CT STE 110, BOISE ID 83706

(Name)

(Address)

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

Printed Name: TAMARA SIMON

Signature: Tamara Simon

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/01/2017 05:00

CK:1006 CT:334067 BH:1566784

1@ 0.00 = 0.00 DISS LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W96863