





STATE OF IDAHO Office of the secretary of state, Phil McGrane STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

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File #: 0006148033

Date Filed: 3/8/2025 9:30:13 AM

Statement of Dissolution (LLC or PLLC)	
Select one: Standard, Expedited or Same Day Service (see	Standard (filing fee \$0)
descriptions below)	, ,
1. The name of the limited liability company is:	
WILD ROOT, LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0000466560
2. The date the certificate of organization was originally filed is:	
07/07/2015	
3. Other information concerning the dissolution (optional):	
No longer needed	
4. Effective Date	
The dissolution shall be effective	when filed with the Secretary of State.
The dissolution shall be ellective	when hed with the Secretary of State.
Name and address to return acknowledgment copy of this form to (if submitted)	·
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Name and address to return acknowledgment copy of this form to (if submitted)	d by mail): Anne-Marie Trebbi 4109 N EYRIE WAY
Name and address to return acknowledgment copy of this form to (if submitted Name of individual or organization	d by mail): Anne-Marie Trebbi
Name and address to return acknowledgment copy of this form to (if submitted Name of individual or organization	d by mail): Anne-Marie Trebbi 4109 N EYRIE WAY BOISE, ID 83703-4206
5. Name and address to return acknowledgment copy of this form to (if submitted Name of individual or organization Address	d by mail): Anne-Marie Trebbi 4109 N EYRIE WAY BOISE, ID 83703-4206
5. Name and address to return acknowledgment copy of this form to (if submitted Name of individual or organization Address	d by mail): Anne-Marie Trebbi 4109 N EYRIE WAY BOISE, ID 83703-4206
Name and address to return acknowledgment copy of this form to (if submitted Name of individual or organization Address The Statement of Dissolution must be signed by a manager, member, or authorize	d by mail): Anne-Marie Trebbi 4109 N EYRIE WAY BOISE, ID 83703-4206
5. Name and address to return acknowledgment copy of this form to (if submitted Name of individual or organization Address The Statement of Dissolution must be signed by a manager, member, or authorized Anne-Marie Trebbi	d by mail): Anne-Marie Trebbi 4109 N EYRIE WAY BOISE, ID 83703-4206 zed person. 03/08/2025
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