



# 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

2018 MAR 19 PM 2:03

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:

Workman Sales Solutions LLC

2. The date the certificate of organization was originally filed: 4/8/2015

3. Other information concerning the dissolution (optional):

I have filled the statement of dissolution and sent it in before for Workman Sales Solutions. I am doing it again because I got a post card in the mail asking for a annual report. (with a number w150181 ) I have not made any money with business.

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

Michael Workman

170 Horrocks drive Blackfoot Idaho 83221

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

Printed Name: Michael Workman

Signature: *Michael Workman*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/19/2018 05:00

CR: NONE CT: 249423 BH: 1633223

CH: 0.00 = 0.00 DISS LLC #2

*W150181*