

- 2. The date the certificate of organization was originally filed
- 3. Other information concerning the dissolution (optional):

IDAHO BECRETARY OF STATE 01/17/2018 05:00 CK:16179934 CT:172099 BH:1621574 10 20.00 = 20.00 EXPEDITE C #2

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

Trevor Anderson	3417 E. Boise Ave, Boise, ID 83706

(Name)

(Address)

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

Printed Name:	Trevor Anderson	<u> </u>
Signature:	ann	
Printed Name:		

Signature:

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE 01/17/2018 05:00 CK:NONE CT:351143 BH:1621573 16 0.00 = 0.00 DISS LLC #2

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