



0004967917

**STATE OF IDAHO***Office of the secretary of state, Lawerence Denney***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***-FILED-**

File #: 0004967917

Date Filed: 11/2/2022 2:59:57 PM

Statement of Dissolution (LLC or PLLC)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$0)

1. The name of the limited liability company is:

Handmade Health Tribe LLC

The file number of this entity on the records of the Idaho Secretary of State is: 0004557721

2. The date the certificate of organization was originally filed is:

01/06/2022

3. Other information concerning the dissolution (optional):

None

4. Effective Date

The dissolution shall be effective when filed with the Secretary of State.

5. Name and address to return acknowledgment copy of this form to (if submitted by mail):

Name of individual or organization Tenille Anderson

Address 1376 E 3575 S
WENDELL, ID 83355-3401

The Statement of Dissolution must be signed by a manager, member, or authorized person.

tenille/anderson

Sign Here

11/02/2022

Date

Job Title: Manager