







Job Title: Manager

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 #: 0004360796

Date Filed: 7/29/2021 10:30:38 AM

Sign Here	Date
James D Coles	07/29/2021
The Statement of Dissolution must be signed by a manager, member, or authorized per	erson.
Address	863 W SEASONAL CREEK LN MERIDIAN, ID 83642-8116
Name and address to return acknowledgment copy of this form to (if submitted by n Name of individual or organization	nail): James D Coles
Effective Date The dissolution shall be effective	when filed with the Secretary of State.
Other information concerning the dissolution (optional): Sold the property	
2. The date the certificate of organization was originally filed is: 12/05/2017	
BROKEN HORN DEVELOPMENT, L.L.C. The file number of this entity on the records of the Idaho Secretary of State is:	0000582115
1. The name of the limited liability company is:	
Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)