

Typed Name ___

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANYORS JUN 14 AM 8: 56

(Instructions on back of application)

SECRETARY OF STATE

STATE OF IDAHO The below named limited liability company has been dissolved pursuant to Section 30-6-702, Idaho Code. 1. The name of the dissolved limited liability company is: Merizon 2. The date the certificate of organization was originally filed: 3. Other information concerning the dissolution (optional): 4. Name and address to return acknowledgement copy of this form to: 5. Signature of a manager, member or authorized person. Signature Secretary of State use only Typed Name Signature

IDAHO SECRETARY OF STATE