

FILED EFFECTIVE



# STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(instruction on back of application)

2007 JUL -5 AM 9:32

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution.

1. The name of the partnership is: Medical Facilities Company, L.L.P.

2. The date of filed statement of partnership of authority is: None Filed

3. The partnership is dissolved and is winding up its business.

4. Must be signed by 2 partners.

Date: 7/2/02

Signature: RENDEZVOUS VENTURES, by: [Signature]

Typed name: NEIL J. SCHAFER

Signature: [Signature]

Typed name: Dr. Peter M. Cannon

Secretary of State use only

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Revision 01/12/01

2007 JUL -7, AM 9:04

STATE  
OF IDAHO

IDAHO SECRETARY OF STATE  
08/07/2002 05:00  
CK: 0262 CT: 1681 BH: 481320  
1 @ 30.00 = 30.00 STMT DISS # 2

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