





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 #: 0003885232

Date Filed: 5/28/2020 10:06:41 AM

Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)
The name of the limited liability company is: PROVIDER LIFE LLC	
The file number of this entity on the records of the Idaho Secretary of State is:	0000546456
The date the certificate of organization was originally filed is: 03/31/2017	
3. Other information concerning the dissolution (optional):	
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 n	nail):
Name of individual or organization	Daniel S Solsman
Name of individual or organization Address	735 BITTERROOT CT NAMPA, ID 83686-8369
	735 BITTERROOT CT NAMPA, ID 83686-8369
Address	735 BITTERROOT CT NAMPA, ID 83686-8369
Address The Statement of Dissolution must be signed by a manager, member, or authorized pe	735 BITTERROOT CT NAMPA, ID 83686-8369 erson.
Address The Statement of Dissolution must be signed by a manager, member, or authorized perpaniel S Solsman	735 BITTERROOT CT NAMPA, ID 83686-8369 erson. 05/28/2020