

3. Other information concerning the dissolution (optional):

4. Name and address to return acknowledgement copy of this form to:

Joliene Crystal	1421 1st Street, Idaho Falls, ID	83401

(Name)	
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(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Joliene Crystal		
Signature: Jolan ; and		
Printed Name:		
Signature:		
Rev. 08/2015		

Secretary of State use only

IDAHO SECRETARY OF STATE 10/14/2015 05:00 CK:NONE CT:249423 BH:1496167 16 0.00 = 0.00 DISS LLC #2

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