FILED EFFECTIVE



Signature _____
Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB i3 AM 11: 48

SECRETARY OF STATE STATE OF IDAHO

	of the of toward
	The below named limited liability company has been dissolved pursuant to Section 30-6-701 and 30-6-702, Idaho Code.
1.	The name of the dissolved limited liability company is:
	Wingman Sports Consultants, LLC
2.	The date the certificate of organization was originally filed: 01/26/12
3.	Other information concerning the dissolution (optional):
4.	Name and address to return acknowledgement copy of this form to: Serhiy Stavynskyy, 2419 W. State Street Suite, Boise, ID 83702
	Signature of a manager, member or authorized person.
•	Source of State
Γvp	ed Name Serhiy Stavynskyy

statement_dissolution_I.I.C.pmd Rev.06/2012

IDAHO SECRETARY OF STATE
02/13/2013 05:00
CK: NONE CT: 266325 BH: 1360103
1 0 0.00 = 0.00 DISS LLC # 2

W110467