



Signature: Revised 01/2019

STATEMENT OF DISSOLUTION **LIMITED LIABILITY COMPANY**

-FILED-

WHI.			OF DISSOLUTI BILITY COMPAN		For Office Use Only -FILED- File #: 0003504656 Date Filed: 4/24/2019 10:24:00 AM	B0198-8297 04/
	OF OF	· ·	nual processing (<u>form must be</u>	e typed).		724/201
The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).						
1.	I. The name of the dissolved limited liability company is: Consolidated Contractors LLC					
2.	. The date the certificate of organization was originally filed: 08/30/2018					
3.						
						ьу ID
						D Secretary
4. Name and address to return acknowledgement copy of this form to: Reese A Adams (Name) 725 Park Dr., St. Maries, ID 83861 (Address)						— + 8 8 8
5.	5. Signature of a manager, member, or authorized person.					Lawerenc
	Printed Name: Reese A Adams Signature: Signa					
	Printed Name:					
	Signature:					