



STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

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:

FAMILY FOOT REFLEXOLOGY

2. The date of filed statement of partnership of authority is: 13 APRIL 2012

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

4. Must be signed by 2 partners.

Date: 3 February 2016

Signature: Amber Peterson

Typed name: A. Peterson, Natural Solutions, LLC

Signature: Alli Larsen

Typed name: A. Larsen, Star Fitness Solutions, LLC

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Revision 08/2002

Secretary of State use only

FILED EFFECTIVE
2016 FEB 26 AM 8:45
SECRETARY OF STATE
STATE OF IDAHO

IDAHO SECRETARY OF STATE

02/26/2016 05:00

CK:7914 CT:305753 BH:1515488

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