



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

No fee unless not typed, or expedited service requested

Complete and submit the application in duplicate.

For Office Use Only

-FILED-

File #: 0003335110

Date Filed: 10/10/2018 9:59:00 AM

The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

1. The name of the dissolved limited liability company is:

Pain Patterns Solutions Seminars LLC

2. The date the certificate of organization was originally filed: 02/02/2015

3. Other information concerning the dissolution (optional):

Please dissolve effective 9/25/18

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

Hayes Management Services 890 Oxford Drive Idaho Falls, ID 83401

(Name)

(Address)

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

Printed Name: Amy Radford

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only