



	STATE OF IDAHO Office of the secretary of state, Lawerence STATEMENT OF DISSOLUTION (PART Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0	
1. The name of the part WILLIAMSON E	rtnership is: AGLE ISLAND B/S RANCH FAMILY LIMITED PAR	TNERSHIP
The file number of State is:	of this entity on the records of the Idaho Secretary	0000025581
2. The date of filed sta Filing Date:	tement of partnership authority or certificate of partnership is:	12/30/1999

3. Dissolution

By checking this box, I confirm the partnership is dissolved and is winding up its business.

ull ano

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution. This dissolution must be manually signed by at least two partners.

Sign Here Sign Here \_\_\_\_\_

<u>01-10-19</u> Date

01-10 -Date

For Office Use Only

-FILED-

Date Filed: 1/17/2019 9:44:00 AM

File #: 0003396862