

FILED EFFECTIVE



STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

2014 OCT -3 PM 4: 26

SECRETARY OF STATE

STATE OF IDAHO

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:

Center for Wound Healing and Hyperbaric Medicine, LLP f/k/a Center for Wound Healing and Hyper Baric Medicine

2. The date of filed statement of partnership of authority is: March 11, 2010

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

4. Must be signed by 2 partners.

Date: 10/11/2014

Signature: Charles R. Schmoeger

Typed name: Charles Schmoeger

Signature: Kathy D. Moore

Typed name: Kathy D. Moore

IDAHO SECRETARY OF STATE

10/03/2014 05:00

CK:45880 CT:186586 BH:1443966

1@ 30.00 = 30.00 STMT DISS #2

1@ 20.00 = 20.00 EXPEDITE C #3

J1964