

## STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code No fee unless not typed, or expedited service requested Complete and submit the application in duplicate.

2015 SEP 21 PM 12: 12

The date the certificate	of organization was originally filed	November 4, 2002
Other information conc	erning the dissolution (optional):	
Name and address to r	eturn acknowledgement copy of t	nie form to:
	eturn acknowledgement copy of t PO Box 1045 Blackfo	
Name and address to r Erin Polatis	eturn acknowledgement copy of the PO Box 1045 Blackfo	
Erin Polatis (Name)	PO Box 1045 Blackfo	ot, ID 83221
Erin Polatis  (Name)  Signature of a manager,	PO Box 1045 Blackform (Address) member, or authorized person.	
Erin Polatis  (Name)  Signature of a manager, ed Name: Rainer Borgr	PO Box 1045 Blackform (Address)  member, or authorized person.	Secretary of State use only  IDAHO SECRETARY OF STATE
Erin Polatis  (Name)  Signature of a manager,	PO Box 1045 Blackform (Address)  member, or authorized person.	Secretary of State use only

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