FILED EFFECTIVE



Signature ____
Typed Name

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB 12 PM 2: 00

SECRETARY OF STATE STATE OF IDAHO

The below named limited liability company has been dissolved pursuant to Section 30-6-701 and 30-6-702, Idaho Code.
1. The name of the dissolved limited liability company is:
LOSOGO Limited liability company is:
2. The date the certificate of organization was originally filed: 3 4 1997
3. Other information concerning the dissolution (optional):
4. Name and address to return acknowledgement copy of this form to:
Frank or Mary Lasaga
3101 La Honda Bd
Son Gregorio, CA 04074
5. Signature of a manager, member or authorized person.
Signature Secretary of State use only
Typed Name Frank 1969a

statement ressolution LLC and Rev 08/201

IDAHO SECRETARY OF STATE

02/12/2013 05:00

CK: HONE CT: 110285 BH: 1359951
1 0 0.00 = 0.00 DISS LLC # 2

w 3lele 7