1.

250

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.

The name of the dissolved limited liability company is:

2017 JAN -3 AM 11: 44

SECRETARY OF STATE STATE OF IDAHO

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

	Simply Simon Health PLLC		
2.	The date the certificate of organization was originally filed:		
3.	Other information concerning the dissolution (optional):		
4.	Name and address to return acknowledgement copy of this form to:		
	Tamara Simon	250 Bobwhite Court Suite 110 Boise ID, 83706	
	(Name)	(Address)	
5.	Signature of a manager, memb	per, or authorized person.	Secretary of State use only
Prir	nted Name: Tamara Simon MD		
Sig	nature:	imm	IDAHO SECRETARY OF STATE 01/03/2017 05:00
Prir	nted Name:	<u>.</u>	CK:4465986 CT:172099 BH:1561872 1@ 0.00 = 0.00 DISS LLC #3
_	nature:		W152290
Rev. 08	8/2015		, <u> </u>