







Job Title: Manager

STATE OF IDAHO

Office of the secretary of state, Lawerence Denney STATEMENT OF DISSOLUTION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0004119994

Date Filed: 1/6/2021 11:24:17 AM

Sign Here	Date
Robert J. Leppert	01/06/2021
The Statement of Dissolution must be signed by a manager, member, or authorized pe	erson.
Address	3940 N PLAYFAIR ST COEUR D ALENE, ID 83815-9424
Name of individual or organization	Robert J Leppert
5. Name and address to return acknowledgment copy of this form to (if submitted by m	,
Effective Date The dissolution shall be effective	when filed with the Secretary of State.
Other information concerning the dissolution (optional): NA	
2. The date the certificate of organization was originally filed is: $03/05/2009 \\$	
The file number of this entity on the records of the Idaho Secretary of State is:	0000255957
The name of the limited liability company is: ROBERT J. LEPPERT CRNA PLLC	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$0)