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STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY (Instructions on back of application)	FILED EFFECTIVE ID JUL I 3 AM 8 I SECRE: RY OF STATE STATE OF IDAHO
<ul> <li>The below named limited liability company has been dissolved pursuant to Section 30-6-702, Idaho Code.</li> <li>1. The name of the dissolved limited liability company is:</li> <li>VACATION VILLACE VILLAS, LLC</li> </ul>	
2. The date the certificate of organization was originally filed: $09$	-30-05
3. Other information concerning the dissolution (optional):	
4. Name and address to return acknowledgement copy of this form to 	
TI9 W. OAKHAMPTON EAGLE, IDAITO 83616	
5. Signature of a manager, member or authorized person.	
Signature <u>COSTA Jacus</u> Typed Name <u>ALSTRANONES</u>	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE 07/13/2010 05:00 CK: NONE CT: 249423 BH: 1230426 19 0.00 = 0.00 DISS LLC #
statement_dissolution_LLC.pmd Rev.07/2010	W43288

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