

3. Other information concerning the dissolution (optional):

Revising company to a Sole Proprietorship

4.	Name and address to return acknowledgement copy of this form to:	
	Patti Murphy	4200 N. Waterford PI, Boise, ID 83703

(Name)

(Address)

5. Signature of a manager, member, or authorized person.

Printed Name: Patti Murphy
Signature: Vacutturphy
Printed Name:
Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE 03/15/2017 05:00 CK:2798 CT:187203 BH:1573903 10 0.00 = 0.00 DISS LLC #3

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Rev. 08/2015