

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 19 AM 9: 10

SECRET BY OF STATE STATE OF IDAHO

	ursuant to Section 30-6-702, Idaho Code.	15501VEQ
1. Th	The name of the dissolved limited liability company is:	
_	HOTEL GUEST MAPS	BLLC
2. Th	he date the certificate of organization was originally fi	led:072109
3. O	ther information concerning the dissolution (optional)	:
<u>:</u>	Name and address to return acknowledgement copy of this form to: JOHN M CROW 504 16TH AVE S., NAMPA, ID 83651	
	COTTOTICNEE OI (WHITE PIE BOOK)	
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	ignature of a manager, member or authorized persor).
Signat	Name JOHN M CROW	Secretary of State use only
ı yp e a ı	Name Strictly 9.1507	
Signat	ture	TRAUN CECOETADY DE CTATE
Typed	Name	IDAHO SECRETARY OF STATE 08/19/2011 05:00 CK: NONE CT: 249423 BH: 1287218 1 0 0.00 = 0.00 DISS LLC # 2

statement_dissolution_LLC.pmd Rev.07/2010