

FILED EFFECTIVE STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY 2013 SEP -9 AM 9: 20

(Instructions on back of application)

The below named limited liability company has been dissolved

| | pursuant to Section 30-6-701 and 30-6-702, Idaho Code. |
|------|---|
| 1. | The name of the dissolved limited liability company is: |
| | Educational Services for Special Needs LC |
| 2. | The date the certificate of organization was originally filed: 7-16-2069 |
| 3. | Other information concerning the dissolution (optional): I moved out of State to Arkanias. Will be filing business With the State of Arkanias. |
| | |
| 4. | Name and address to return acknowledgement copy of this form to: Margare + M. OBrien P.O. Rox 9148 Fayetteville AR 72703 |
| 5. | Signature of a manager, member or authorized person. |
| Sigr | nature Mangarut M. OBurá Secretary of State use only |
| Тур | ed Name Margaret M. ORrien |
| Sigr | nature |
| | IDAHO SECRETARY OF STATE ed Name |

statement_dissolution_LLC.pmd Rev.06/2012

98 = 0.00 DISS LLC # 2 W 85 4 99