

**STATEMENT OF DISSOLUTION
LIMITED LIABILITY COMPANY**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

Name of Limited Liability Company _____

The above named Limited Liability Company is dissolved.

The company shall discharge the company's debts, obligations, or other liabilities, settle and close the company's activities, and marshal and distribute the assets of the company.

Effective date if other than the date filed _____.

Signature of Authorized Representative

Printed name of Authorized Representative

FILING FEE: \$15.00

January 2011

Neb. Rev. Stat. 21-148