## L 09000061568

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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RECEIVED

B. KOHR AUG 1 8 2010

**EXAMINER** 

10 AUG 1 % PM 1: 1:5



	رين ا
IDN SERVICE COMPANY.	ONE ONE
ACCOUNT NO. : 12000000195	No.
REFERENCE : 452982 7712528	J
AUTHORIZATION: Spelle man	
COST LIMIT : \$ 25.00	
ORDER DATE : July 21, 2010	
ORDER TIME : 8:41 AM	to AUG 1
ORDER NO. : 453982-005	NE 1
CUSTOMER NO: 7712528	8
DOMESTIC FILINGS	
NAME: OPTIMAL SELF HEALTH PROMOTER, LLC	
XX ARTICLES OF DISSOLUTION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Troy Todd - EXT# 2940

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on L09000061568	06/25/2009 and assigned document number
3. The date the dissolution was approved:	
I flore Parthology the	the limited liability company's dissolution pursuant to section in back cover letter).  Owner of this Company has not present by the business. However, have expenses being paid to keep
this bisiness open which	n at this point I can no larger after
<b>√_∑</b> -OR-	s of the limited liability company have been paid or discharged.  for the debts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have bee rights and interests.</li> </ol>	n distributed among its members in accordance with their respective
7. CHECK ONE:  There are no suits pending against OR- Adequate provision has been made entered against it in any pending su	for the satisfaction of any judgment, order or decree which may be
ignatures of the members having the same perce	entage of membership interests necessary to approve the dissolution:
,	Printed Name
Signature	Race Rothold
Signature	Race Barthold
Signature	Race Barthold

**FILING FEE: \$25.00**