

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 SEP 30 AM 9:21

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

Compassionate Goodbye's LLC

2. The complete street and mailing addresses of the initial designated/principal office:

6725 W. SAXTON AVE BOISE, ID 83714

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

LAURA C LEFKOWITZ

(Name)

6725 W SAXTON AVE BOISE ID

(Street Address)

83714

4. The name and address of at least one member or manager of the professional limited liability company:

Desiree Fitzgerald

Name

13601 W. McMullen Rd Suite 102 BOISE

Address

83713

5. Mailing address for future correspondence (annual report notices):

6725 W. SAXTON AVE BOISE ID 83714

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: VETERINARIAN

Signature of a manager, member or authorized person.

Signature Laura C Lefkowitz, DVM

Typed Name: LAURA C LEFKOWITZ

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/30/2011 05:00
CK: 2553 CT: 262918 BH: 1292525
1 @ 100.00 = 100.00 PROF LLC # 2

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