



STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$0.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A).

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

Compassionate Care Family Services, LLC

2. The date the certificate of organization was originally filed: 7/3/2017

3. Other information concerning the dissolution (optional):

Last date of operation is 10/31/19 although there will be business ongoing to process and close out final billings and collect on outstanding debts.

4. Name and address to return acknowledgement copy of this form to:

Brooke Hurt

(Name)

851 N. Arthur Ave. Pocatello, ID 83204

(Address)

5. Signature of a manager, member, or authorized person.

Secretary of State use only

Printed Name: Sharon Brooke Hurt

Signature: Sharon Brooke Hurt

Printed Name: _____

Signature: _____