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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Chickadee Pet Sitting

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "ltd. See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

4750 18th Street

2. The principal office address of the limited liability company's initial principal office is

Street address	4750 18th Street				
	(Street number and name)				
	Boulder	CO 80304			
	(City)	(State) United S	(ZIP/Postal Code)		
	$(Province-if\ applicable)$	(Countr	y)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Code)		
	(Province – if applicable)	(Country	<u>,</u> ,		
agent are Name (if an individual) or	(Last)	(First)	(Middle) (Suffix		
(if an entity)	Chickadee Pet Sitting				
(Caution: Do not provide both an indivi-	dual and an entity name.)				
Street address	4750 18th Street (Street number and name)				
	Boulder (City)	<u>CO</u> (State)	80304 (ZIP Code)		
	(Cuy)	(Sitile)	(ZII Code)		
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				

Name (if an individual)	Fagnani	Lauren					
or	(Last)	(First)	(Middle)	(Suffi.			
(if an entity) (Caution: Do not provide both	an individual and an entity name.)						
Mailing address	4750 18th Street						
maning address	(Street numbe	(Street number and name or Post Office Box information)					
	Boulder	CO	80304				
	(City)	United St	(ZIP/Postal Co	ode)			
	(D : : : : : 11						
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(City)

(ZIP Code)

(State)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

	Fagnanı	Lauren		
	4750 18th Street	(First)	(Middle)	(Suffix
		r and name or Post Of	fice Box information)	
	Boulder	СО	80304	
	(City)	United S	(ZIP/Postal Co	ode)
	(Province – if applicable) (Country)		
(If the following statement applies, adop	t the statement by marking the box ar	nd include an attachme	ent.)	
This document contains the tru causing the document to be de	<u>e</u>	of one or more a	dditional individua	als

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