

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 FEB -8 AM 9: 09

LIIVIII ED L	JABILITY COMPANY	SECRETARY OF STATE STATE OF IDAHO	
(Instruction	ons on back of application)	STATE OF IDAHO	
<ol> <li>The name of the profes</li> </ol>	sional limited liability company is	S:	
	Sweet Valley Veterinary Service PLL	.C	
2. The complete street and	mailing addresses of the initial d	lesignated/principal office:	
	Darnell Lane, P.O. Box 25, Sweet, ID 8	33670-0025	
(Street Address)			
(Mailing Address, if different than	street address)	· · · · · · · · · · · · · · · · · · ·	
. The name and complete	street address of the registered	agent:	
Brian V. Noland	9965 Darnell Lane, E	Box 25, Sweet, ID 83670-0025	
(Name)	(Street Address)		
T*1			
<ul> <li>The name and address ( liability company:</li> </ul>	of at least one member or manag	er of the professional limited	
Name		Address	
Brian V. Noland	l 9965 Darnell Lane, E	9965 Darnell Lane, Box 25, Sweet, ID 83670-0025	
***************************************			
Mailing address for future	e correspondence (annual report	notices):	
"	Darnell Lane, P.O. Box 25, Sweet, ID-8	· · · · · · · · · · · · · · · · · · ·	
Future effective date of fi	iling (optional):		
	pany is a professional company, a		
professional services is:	mbers are duly licensed or otherwi Veterinary Medicin	se legally authorized to render e/Surgery	
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gnature of an organizer(s).	. (An organizer is a member,	Secretary of State use only	
members).	and existing, milital member \$ 6.		
She The	An organizer is a member, and existing, initial member of the look		
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yped Name: <u>Brian V. /</u>	Voland	10AHO SECRETARY OF STATE 02/08/2010 05:0	
gnature	Comsk	CK: 7558 CT: 244727 BH: 1297 1 0 100.00 = 100.00 PROF LLC	
uned Name:			