

CERTIFICATE OF ORGANIZATION CERTIFICATE OF ORGANIZATION TIFED I IABILITY COMPANY 11 FEB -7 AM 8: 24

| X X | (Instructions on ba | ack of application) | |
|-------|--|--|--|
| 1. | The name of the limited liability | • | SECRET BY OF STATE STATE OF IDAHO |
| | idan | o Veterinary Equipment, LLC | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 5262 Yellowstone Ave. Chubbuck, ID 83202 | | |
| | (Street Address) | | |
| | (Mailing Address, if different than street addres | as) | |
| 3. | The name and complete street address of the registered agent: | | |
| | Shannon Alarcon | 5262 Yellowstone Ave. Chubbuck, ID 83202 | |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | <u>Name</u> | <u>Address</u> | |
| | Shannon Alarcon | 5262 Yellowstone Ave. Chubbuck, ID 83202 | |
| | | | |
| 5 | Mailing address for future corres | pondence (annual report i | notices): |
| ٠. | 5262 Yellowstone Ave. Chubbuck, ID 83202 | | |
| 6. | Future effective date of filing (opt | | |
| _ | nature of a manager, member | or authorized | |
| • | son. | | Secretary of State use only |
| Sig | nature <u>Salari</u> | | |
| Тур | ped Name: Shannon Alarcon | | |
| Sia | nature | | IDAHO SECRETARY OF STATE 02/07/2011 05:00 |
| | ped Name: | | CK: 6851 CT: 170193 BH: 1258767 1 0 100.00 = 100.00 ORGAN LLC # |
| - 7 6 | | | 7 C 100.00 _ 100.00 AUANN FFP N |

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