

Signature <u></u>

Signature\_\_\_\_

Typed Name: \_\_\_\_

Typed Name: DR. ROBERT L. WASHINGTON, DVM

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

11 SEP 16 AM 9: 0

SECRETARY OF STATE

(Instructions on back of application)

1.	The name of the professional limited liability company is:
	TREASURE VALLEY EQUINE VETERINARY, PLLC
2.	The complete street and mailing addresses of the initial designated/principal office:
	1222 TRIUMPH DR., MIDDLETON, IDAHO 83644
	(Street Address)
	(SAME AS ABOVE) (Mailing Address, if different than street address)
3	The name and complete street address of the registered agent:
<b>J</b> .	The hame and complete street address of the registered agent.
	DR. ROBERT WASHINGTON, DVM 1222 TRIUMPH DR., MIDDLETON, IDAHO 83644
	(Name) (Street Address)
4.	The name and address of at least one member or manager of the professional limited
	liability company:
	Name Address
	DR. ROBERT L. WASHINGTON, DVM 1222 TRIUMPH DR., MIDDLETON, IDAHO 83644
5.	Mailing address for future correspondence (annual report notices):
	1222 TRIUMPH DR., MIDDLETON, IDAHO 83644
	1222 TRIOMER DR., MIDDLETON, IDARO 03044
6	Future effective date of filing (optional):
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7.	
	professions for which members are duly licensed or otherwise legally authorized to render
	professional services is: VETERINARY MEDICINE
Sic	nature of a manager, member or authorized
_	son.
	Secretary of State use only

IDAHO SECRETARY OF STATE 49/16/2011 45:40 CK: 1826 CT: 26194 BH: 129669

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