



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

11 JUN 27 AM 9:18

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: WEST END VETERINARY CLINIC LLP

2. If previously filed a statement of partnership, the name used in that statement is:

The date it was filed with the Idaho Secretary of State's Office was: June 24, 2011

3. The street address of the limited liability partnership's chief executive office is:

4194 North 1380 East Buhl, Idaho 83316

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:

5. The mailing address for future correspondence is: 4194 North 1380 East Buhl, Idaho 83316

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Kent E Womack D.V.M.

Typed Name Kent E. Womack, D.V.M.

2) Ed Briles D.V.M.

Typed Name Ed. Briles, D.V.M.

3) Todd Wells D.V.M.

Typed Name Todd Wells, D.V.M.

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/27/2011 05:00
CK: 3056 CT: 242933 DH: 1200051
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