



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 APR -5 AM 8:13

(Instructions on back of application)

1. The name of the professional limited liability company is:

Northern BitterRoot Veterinary Clinic, P.L.L.C.

 SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

408 Main Ave, St. Maries, ID 83861

(Street Address)

PO Box 279, St Maries, ID 83861

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Lucy Shoemaker

(Name)

43142 Silver Valley Rd, Kingston ID 83839

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Lucy Shoemaker, DVM

PO Box 355/43142 Silver Valley Rd, Kingston, ID 83839

5. Mailing address for future correspondence (annual report notices):

Lucy Shoemaker, PO Box 355, Kingston, ID 83839

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Veterinary Medicine

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: Lucy Shoemaker, DVM

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
 04/05/2010 05:00
 CK: 3658000949 CT: 246721 BH: 1216128
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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