# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF REGISTRATION

OF

### PETFIRST HEALTHCARE LLC

#### File Number W 161381

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 26, 2016



SECRETARY OF STATE

By \_\_\_\_\_\_ Xelo Sainy\_



# **FOREIGN REGISTRATION STATEMENT**

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2016 JAN 26 AM 11: 34



١.	The name of the entity is: Pe	tFirst Healthcare LI	.C					
<u>.</u>	The name which it shall use	n Idaho is:						
	Select the type of entity you wish to register:  [Enter a name here, only if you are required to adopt an alternate name)  Business Corporation  General Partnership							
	☐ Nonprofit Corporation ☐ General Cooperative Association							
	☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership							
	☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust							
	☐ Other:			_				
	(Use "Other" only if you		nt listed above, and enter	the type here.)		<u> </u>		
	Jurisdiction of formation: Kei	risdiction of formation: Kentucky  (Provide the domestic jurisdiction where the entity was formed)						
	The address of its principal office is:							
	One Quartermaster Court			Jeffersonvill	ie in	ı	47130	
	(Street Address)			(City)		(State)	(Zipcode)	
	(Mailing Address, if different)			(City)		(State)	(Zipcode)	
	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:							
	(Street Address)			(City)		(State)	(Zipcode)	
	(Mailing Address, if different)			(City)		(State)	(Zipcode)	
	The mailing address to which (Address)			(City)	on ten o, is.	(State)	(Zipcode)	
	lame and street address of registered agent <u>in Idaho</u> :							
	NATIONAL CORPORATE RE	-		Quita C	Baias	ın	02705	
	(Name)		ress)	- Suite G	Boise (City)	(State)	83705 (Zipcode)	
		•	,		(-1-4)	(Otato)	(3.5000)	
	The name, capacity, and mai	=	ast one governor:					
	71. DIGIN TIMEON	nager	One Quarterma	ster Court	Jeffersonville	IN_	47130	
	(Name) (Cap	acity)	(Address)		(City)	(State)	(Zipcode)	
	(Name) (Cap	acity)	(Address)		(City)	(State)	(Zipcode)	
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٦	Typed Name: Katie Grant Bla	keley	. [	es contra				
	Signature:		19/2014		15618 CT:3194 00.00 = 100.0			
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1	Capacity: CEO	~		ក្ត	VAL 16138	S I		

Rev. 07/2015

# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# **Certificate of Existence**

Authentication number: 172208

Visit https://app.sos.ky.gov/ftshow/certyalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

# PETFIRST HEALTHCARE LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is July 14, 2004 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19<sup>th</sup> day of January, 2016, in the 224<sup>th</sup> year of the Commonwealth.



Mison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

172208/0590339