1.	CERTIFICATE OF OR LIMITED LIABILITY (Instructions on back of a The name of the limited liability compa	COMPANY application) ny Is:	FILED EFFECTIVE 08 JUL - 8 PM 1:51 SECRETARY OF STATE STATE OF IDAHO
2.	THE PET HOSPITAL, LLC The complete street address, and mailing address if different, of the initial designated/ principal office:		
3.	5100 N. STAR ROA The name of the commercial registered address of the non-commercial register DAVID P. HAYES, 5100 N. S	red agent:	d complete street
4.	The name and address of at least one company: <u>Name</u> DAVID P. HAYES ROBIN L. HAYES	Add	MERIDIAN, ID 8364.
5.	Mailing address for future corresponde 5100 N. STAR R	ance (annual report not ROAD, MERIDIAN, ID 83645	ces):
Si	Future effective date of filing (optional gnature of an organizer(s). (An organizer is is acting in behalf of a required, and existing, ini members).	s a member, itial member	Secretary of State use only
	gnature		UN-7584 IDAHO SECRETARY OF STATE 07/08/2008 05:00 CK: 14323 CT: 15935 BH: 1126138 1 888.88 = 188.68 ORGAN LLC