



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

10 AUG -6 AM 11:06

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Woodington Veterinary Services, PLLC

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

332 W. State Street Eagle, ID 83616

(Street Address)

PO Box 1329 Eagle, ID 83616

(Mailing Address, if different than street address) -

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

Matthew Woodington, DVM

(Name)

332 W. State Street Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Matthew Woodington, DVM

246 Neskowin Way Eagle, ID 83616

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

PO Box 1329 Eagle, ID 83616

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 a manager, member or authorized person.

Signature Matthew Woodington, DVM

Typed Name: Matthew Woodington, DVM

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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