



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 MAY 29 AM 10:35

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

RIVER CITY MANAGEMENT COMPANY, PLLC

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

310 N Herborn, Post Falls, ID 83854

(Street Address)

Same

(Mailing Address, if different than street address)

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

Brian Luce

310 N Herborn, Post Falls, ID 83854

(Name)

(Street Address)

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

Name

Address

Brian Luce

310 N Herborn, Post Falls, ID 83854

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

310 N Herborn, Post Falls, ID 83854

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: Brian Luce

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/29/2009 05:00
CK: 7452 CT: 183679 IN: 1172410
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W84291

g:\corpforms\LLC form\cert_org_1c.PMD
Revised 07/2008

FILED EFFECTIVE