

251 ORIGINAL

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL -8 PM 1:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EQUINE HOSPITAL AND LAMENES CENTER, LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

5100 N. STAR ROAD, MERIDIAN, IDAHO 83646

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

DAVID P. HAYES, 5100 N. STAR ROAD, MERIDIAN, IDAHO 83646

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

Name

Address

DAVID P. HAYES

5100 N. STAR ROAD, MERIDIAN, ID 83646

ROBIN L. HAYES

5100 N. STAR ROAD, MERIDIAN, ID 83646

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

5100 N. STAR ROAD, MERIDIAN, ID 83646

6. Future effective date of filing (optional): _____

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: _____

Signature Robin L. Hayes

Typed Name: ROBIN L HAYES

STATE OF IDAHO
DEPARTMENT OF STATE
RECEIVED
07/08/2008 05:00
CK: 14322 CT: 15935 BH: 1126139
100.00 = 100.00 ORGAN LLC # 2

Secretary of State use only

W75842

IDaho SECRETARY OF STATE
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