



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

08 JUL -8 PH 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

Secretary of State use only

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IDAHO SECRETARY OF STATE  
07/08/2008 05:00  
CK: 14322 CT: 15935 IN: 1126139  
1 @ 100.00 = 100.00 ORGAN LLC # 2

STATE OF IDAHO  
SECRETARY OF STATE  
JUL 8 2008