



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2016 AUG 25 AM 11:36**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**Performance Equine Recovery and Rehabilitation Center LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**3500 N Linder Rd, Eagle, ID 83616**

(Street Address)

(Mailing Address, if different)

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

**Tiffany Grace**

**3500 N Linder Rd, Eagle, ID 83616**

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

**Tiffany Grace 3500 N Linder Rd Eagle ID 83616**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**3500 N Linder Rd, Eagle, ID 83616**

(Address)

Signature of organizer(s).

Signature: Tiffany Grace

Printed Name: Tiffany Grace

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/25/2016 05:00**

CK:2550 CT:328272 BH:1543451

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

**W17D66B**