



CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY AND

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QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

1. The name of the limited liability partnership is:

Knight Veterinary Clinic, LLP

2. It's prior name, if any, was:

Knight Veterinary Clinic, also known as Knight Veterinary Clinic, A Partnership

3. The street address of its chief executive office is:

220 Elmcrest, Mountain Home, Idaho 83647

4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:

(see above)

5. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Van Orden Veterinary Services, P.A.</u>	<u>1631, ^{Targhee} Mountain Home, Idaho 83647</u>
<u>Burnett Veterinary Services, P.A.</u>	<u>5490 Highway 51, Mountain Home, Idaho 83647</u>
<u>Lichdi Veterinary Services, P.A.</u>	<u>1285 East 11th North, Mountain Home, Idaho 83647</u>

6. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Van Orden Veterinary Services, P.A.</u>	<u>Burnett Veterinary Services, P.A.</u>	<u>Lichdi Veterinary Services, P.A.</u>
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7. The mailing address for future correspondence is:

220 Elmcrest, Mountain Home, Idaho 83647

8. The above-named partnership elects to be a limited liability partnership.

9. Future effective date (optional) _____

10. Signatures of at least 2 partners:

1) [Signature]
Typed Name Van Orden Veterinary Services, P.A.

2) [Signature]
Typed Name Burnett Veterinary Services, P.A.

Secretary of State use only

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IDAHO SECRETARY OF STATE
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