



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

09 NOV 16 AM 9:51

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Idaho Veterinary Equipment, LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
3. The street address of the limited liability partnership's chief executive office is: 5262 Yellowstone Ave., Chubbuck, ID 83202
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 5262 Yellowstone Ave., Chubbuck, ID 83202
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1)

Typed Name Walter Rowntree

2)

Typed Name Jamie Rantala

3)

Typed Name _____

Form 01/2001
Revised 01/2001
gspoliceid.us

Secretary of State use only

01/16/2009

IDAHO SECRETARY OF STATE
11/16/2009 05:00
CX: 5692 CT: 170193 BH: 1195582
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