



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 MAR 19 AM 9:18

(Instructions on back of application)

1. The name of the professional limited liability company is

Sandpoint Equine PLLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

305 Hunt Lane Sandpoint ID 83864

(Street Address)

PO Box 1811 Sandpoint, ID 83864

(Mailing Address, if different than street address)

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

Celeste B. grace

(Name)

305 Hunt Lane Sandpoint

(Street Address)

ID 83864

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

Name	Address
<u>Celeste B. Grace</u>	<u>305 Hunt Lane Sandpoint</u>
	<u>ID 83864</u>
_____	_____
_____	_____

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

PO Box 1811 Sandpoint ID 83864

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Veterinary Medicine

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]

Typed Name: Celeste B. Grace

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2012 05:00
CK: 2421 CT: 260321 DH: 1315778
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