



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 MAR 14 AM 9:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

7 Bar 0 P.L.L.C.

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

100 Steen Road Glenns Ferry, ID 83623

(Street Address)

P.O. Box 879 Glenns Ferry, Idaho 83623

(Mailing Address, if different than street address)

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

James Dorenkamp DVM

(Name)

100 Steen Road Glenns Ferry, ID 83623

(Street Address)

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

Name

Address

James Dorenkamp DVM

P.O. Box 879 Glenns Ferry, ID 83623

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

P.O. Box 879 Glenns Ferry, ID 83623

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

*P. Parker*

Typed Name: Penelope Parker

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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03/14/2013 05:00  
CK: 5479 CT: 184945 BH: 1364661  
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