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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2013 APR -3 AM 8:51
**SECRETARY OF STATE
STATE OF IDAHO**

(Instructions on back of application)

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

Idaho Veterinary Relief Services P.L.L.C.

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

12839 N. Schick's Ridge Rd. Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Erin J. Witt

(Name)

12839 N. Schick's Ridge Rd. Boise, ID 83714

(Street Address)

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

Name
Address
Erin J. Witt
12839 N. Schick's Ridge Rd. Boise, ID 83714

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

12839 N. Schick's Ridge Rd. Boise, ID 83714

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

 Typed Name: Erin J. Witt

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
04/03/2013 05:00
 CK: 1347760 CT: 172099 BH: 1367611
 1 @ 100.00 = 100.00 PROF LLC # 2

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