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STATEMENT OF DISSOCIATION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

Pursuant to Idaho Code § 53-3-704, the undersigned applies to the Secretary of State for statement of dissociation.

1. The name of the partnership is: SSR Blackfoot Animal Clinic

2. The date of filed statement of partnership authority is: 03/03/06

3. The following partner(s) are hereby dissociated from the above mentioned partnership.
Dr. Brian Risa

4. Signature of at least 1 partner:

Date: 9/27/07

Signature: _____

Typed name: Dr. David W.J. Stanley

Signature: _____

Typed Name: _____

Secretary of State use only

10021, Version 1/2001
S:\Forms\Registration\Forms\Statement of Dissociation.pdf

2007 OCT -5 PM 2:16
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

IDAHO SECRETARY OF STATE
10/05/2007 05:00
CK: 1388249 CT: 172899 BH: 1879279
1 @ 38.00 = 38.00 DISSOCIA # 2

K343