



**AMENDMENT TO  
CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**

44 JUL -5 AM 9:17  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

RIVER CITY ANIMAL HOSPITAL, PLLC

2. The name of the limited liability company is amended to read:

3. The date the certificate of organization was originally filed : JUNE 23, 2004

4. The complete street and mailing addresses of the designated principal office is amended to:

310 N HERBORN PLACE, POST FALLS, ID 83854

5. The mailing address for future correspondence (annual reports) is amended to:

310 N HERBORN PLACE, POST FALLS, ID 83854

6. The name and address of the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
DENNIS THOMAS	1913 N FAIRWAY DRIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MANAGER
FRANK D. CLOVIS	507 S CODY RD, CDA, ID 83814	<input type="checkbox"/>	<input type="checkbox"/>	ADDRESS CHANGE
BRIAN A LUCE	378 S PONDEROSA LOOP Post Falls, ID 83854	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MANGER

7. Signature of an authorized person.

Signature

FRANK D CLOVIS

Typed Name

Signature

BRIAN A LUCE

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/05/2011 05:00  
CK: 7192 CT: 260354 BH: 1281011  
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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