

Printed Name: _____

Signature: ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

2017 AUG 28 AM 9: 11

SECRETARY OF STATE STATE OF IDAHO

The name of the professions	al limited liability company is:	
VETERINARY CONSUL	TING SERVICES, PLLC	
The complete street and ma	iling addresses of the principal office	is:
3908 Brookie Ln, Island	l Park, ID 83429	
(Street Address)		
(Mailing Address, if different)		
Name and street address of	registered agent <u>in Idaho</u> :	
Janet Baer	3908 Brookie Ln, Island Park, ID 83429	
(Name)	(Address)	
The name and address of at	least one governor of the limited lial	bility company:
Janet Baer	3908 Brookie Ln, Island Park, ID 83429	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Adding)	
	(Address)	
_	rrespondence (annual report notices	i):
3908 Brookie Ln, Island	Park, ID 83429	
(Address)		
	is a professional company, and the gally authorized to render profession	principal profession or professions for which members are nal services is:
Veterinary Medicine		
Signature of a manager,	member, or an organizer.	Secretary of State use only
	*	TOTALS ARROUNTED BY ARREST
inted Name:		IDAHO SECRETARY OF STATE 08/28/2017 05:00
		CK:4099 CT:84469 EH:1600215
gnature:		10 100 00 = 100 00 DROW T.C #2

Rev. 08/2015