



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

2010 SEP 10 PM 12:00

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Skyline Animal Hospital, PLLC

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

1378 Grizzly Ave., Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Adam Petersen, DVM

(Name)

1378 Grizzly Ave., Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Adam Petersen, DVM

975 E. 1200 N., Shelley, ID 83274

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

1378 Grizzly Ave., Idaho Falls, ID 83402

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: Adam Petersen, DVM

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/10/2010 05:00

CK: 510799 CT: 172099 BH: 1238435

1 @ 100.00 = 100.00 PROF LLC # 2

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