

CERTIFICATE OF ORGANIZATION

No no.

(Instructions on back of application) The name of the professional limited liability company is: **Lake Gillepic Vetural Relay Surces PLLC.** The complete street and mailing addresses of the infilial designated/principal office: 525 East Bridge Street Blackgoot TP, 83221 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: **Lake Gillepic Dv.M.** \$25 East Bridge Street Blackgoot, TP, 83221 (Name) The name and address of at least one member or manager of the professional limited liability company: **Name** **Address** **Mailing address for future correspondence (annual report notices): \$25 East Bridge Street Blackgoot, TD, 8221 **Mailing address for future correspondence (annual report notices): \$25 East Bridge Street Blackgoot, TD, 8221 **The limited liability company is a professional company, and the principal profession or professions for which members are duty licensed or otherwise legally authorized to render professional services is: **Vetxinary Street** Signature of an organizer(s). (An organizer is a member, or members). Signature Address** **Secretary of State use only signature Address.* **Secretary of State use only signature Address.* **Secretary of State use only signature.* **Secr		PROFESSI	IUNAL	SECON 12 AM 8: 40
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