



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 12 AM 8:40
SECRETARY OF STATE
STATE OF IDAHO

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

Luke Gillespie Veterinary Relief Services P.L.L.C.

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

525 East Bridge Street Blackfoot, ID. 83221

(Street Address)

(Mailing Address, if different than street address)

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

Luke Gillespie D.V.M.

(Name)

525 East Bridge Street Blackfoot, ID. 83221

(Street Address)

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

Name

Address

Luke Gillespie

Same as above

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

525 East Bridge Street Blackfoot, ID. 83221

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 Services

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDHO SECRETARY OF STATE
06/12/2009 05:00
CX: 662 CT: 237943 BH: 1174532
1 @ 100.00 = 100.00 PROF LLC # 2

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FILED EFFECTIVE