DOC ID ----> 201018001051

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/30/2010	201018001051	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

HILLSIDE SMALL ANIMAL HOSPITAL LLC
4447 SR 132
BATAVIA, OH 45103

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1946674

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FOUTS PROPERTIES, LLC

and, that said business records show the filing and recording of:

Document(s):	Document No(s):
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	**201018001051**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of June, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201018001051

Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

O Expedite — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

Non Expedite — PO Box 670, Columbus, OH 43216

RECEIVED
JUN 28 2010
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: $125.00

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705

Name of limited liability company

FOUTS PROPERTIES, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd"

Effective Date (Optional) _____ mm/dd/yyyy **(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)**

This limited liability company shall exist for (Optional) _____ Period of Existence

Purpose (Optional) Real estate holding co.

☐ ***Check here if additional provisions are attached***

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ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Fouts Properties, LLC
Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Timothy A. Fouts, DVM
Name of Agent

6452 Park Wood Ct.
Mailing Address

Loveland — City
Ohio — State
45140 — Zip Code

☐ **If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.**

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

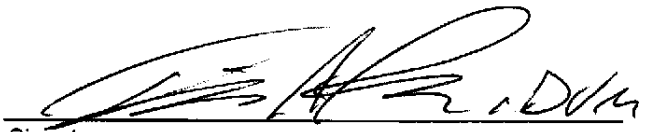
Fouts Properties, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

[signature], DVM
Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

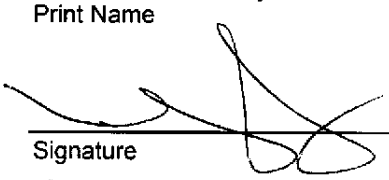
REQUIRED
Articles and original appointment of agent must be authenticated **(signed)** by a member, manager or other representative.



Signature

6/22/10
Date

Timothy A. Fouts, DVM
Print Name



Signature

6/22/10
Date

Lynn M. Fouts
Print Name

Signature

Date

Print Name

(See Instructions Below)