

C	ERTIFICATE OF ASSU	Form Revision Date 07/201
9	For use by FOREIGN PROFIT C	
Pursuant to the provisions of	of Act 284, Public Acts of 1972, the	undersigned execute the following Certificate:
1. The identification number assigned by the	e Bureau is:	802565532
2. The name of the profit corporation is:		VALLEY VETERINARY CLINIC, LTD.
3. The assumed name under which busines	s is to be transacted is:	
VALLEY VET PHARMACY		
This document must be signed by an autho liability companies); or general partner (lim		; a member, manager, or an authorized agent (limited
Signed this 7th Day of December, 2020 by:		
Signature	Title	Title if "Other" was selected
Omar Hinojosa	President	
By selecting ACCEPT, I hereby acknowledg that to the best of my knowledge the infor	mation provided is true, accurate, a	
	jm Decline jm Ac	серт

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

VALLEY VETERINARY CLINIC, LTD.

ID Number: 802565532

to transact business under the assumed name of VALLEY VET PHARMACY

received by electronic transmission on December 07, 2020, is hereby endorsed.

Filed on December 08, 2020, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2025



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 8th day of December, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau