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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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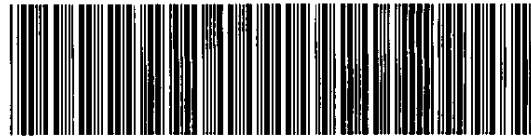
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JUL 26 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DIAMOND ANIMAL HEALTH, INC. dba HESKA DES MOINES  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RANDALL L. FRISCH

(Name of Person)

DIAMOND ANIMAL HEALTH, INC. dba HESKA DES MOINES

(Firm/Company)

2538 SE 43<sup>rd</sup> STREET

(Address)

DES MOINES IA 50327

(City/State and Zip code)

For further information concerning this matter, please call:

RANDALL L. FRISCH

(Name of Person)

at ( 515 ) 263-8600 x 5608

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DIAMOND ANIMAL HEALTH, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IOWA 3. 42-1410342  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/1993 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2538 SE 43<sup>rd</sup> STREET DES MOINES, IA 50327  
(Principal office address)

SAME  
(Current mailing address)

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filing Incorporated

Office Address: 1023 Governors Square Blvd. Suite 101

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bernard Hutter, Asst. Secretary for  
Business Filing Incorporated  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_ 10 JUL 26 PM 4:33

Address: \_\_\_\_\_ SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_ BOB GRIEVE

Address: \_\_\_\_\_ 3760 ROCKY MOUNTAIN AVE.

LOVELAND, CO 80538

Vice President: \_\_\_\_\_ LT LAURIE PETERSON

Address: \_\_\_\_\_ 2538 SE 43<sup>rd</sup> ST. DES MOINES IA 50327

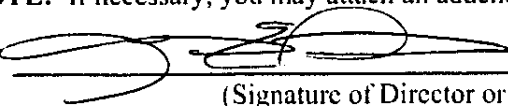
Secretary: \_\_\_\_\_ JASON NAPOLITANO

Address: \_\_\_\_\_ 3760 ROCKY MTN. AVE. LOVELAND CO 80538

Treasurer: \_\_\_\_\_ MIKE BENT

Address: \_\_\_\_\_ 3760 ROCKY MTN. AVE. LOVELAND CO 80538

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. Laurie E. Peterson \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

# IOWA

## SECRETARY OF STATE

Date: 7/12/2010

### CERTIFICATE OF EXISTENCE

Name: DIAMOND ANIMAL HEALTH, INC. (490 DP - 170088)  
Date of Incorporation: 10/14/1993  
Duration: PERPETUAL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



*Michael A. Mauro*

MICHAEL A. MAURO SECRETARY OF STATE



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