



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

**2020 ANNUAL REPORT****Registry Number: 133238691****Date of Organization: 06/09/2017****Fee: \$100****Due Date: 06/09/2020****Type: DOMESTIC LIMITED LIABILITY COMPANY**

CARLTON VETERINARY PROPERTIES, LLC  
PO BOX 18  
CARLTON OR 97111

FILED  
MAY 20 2020  
OREGON SECRETARY OF STATE

**Name of Domestic Limited Liability Company**

CARLTON VETERINARY PROPERTIES, LLC

**Jurisdiction: OREGON**

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

LEANNE B MELLBYE  
230 S PINE ST  
CARLTON OR 97111

If the Registered Agent has changed,  
the new agent has consented to the appointment. Oregon  
street address required.

**1) Type of Business****2) Principal Place of Business** (Address,city,state,zip)

230 S PINE ST  
CARLTON OR 97111

**3) Mailing Address** (Address,city,state,zip)

PO BOX 18  
CARLTON OR 97111

**4) ☒ Member or ☒ Manager** (Name&Address)

NICHOLE A PILAKOWSKI  
230 S PINE ST  
CARLTON OR 97111

**5) ☒ Member or ☒ Manager** (Name&Address)

LEANNE B MELLBYE  
230 S PINE ST  
CARLTON OR 97111

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature**

*Leanne Mellbye*

**7) Printed Name**

*Leanne Mellbye*

**8) Date**

*5/6/20*

**9) Phone Number**

*503-852-7009*

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-  
05/04/20