





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

I understand the document can ONLY be filed if the following items are included:

If you are submitting a correction, return the correction letter with your updated document.

This filing form (submit within 30 days) with the required signature(s).

Secretary of State, signed and recently dated.

Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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File #: 0006042238

Date Filed: 1/2/2025 2:52:39 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day selections below) | Service (see Standard (filing fee \$100)                    |
|---|---|
| 1. Limited Liability Company Name   | Limited Liability Company                                   |
| Type of Limited Liability Company   | Limited Liability Company                                   |
| Entity name   | Bland Anesthesia LLC  |
| 2. The complete street address of the principal office is:  |   |
| Principal Office Address  | TRAVIS<br>3466 WEST HIGHWAY 33<br>REXBURG, ID 83440         |
| 3. The mailing address of the principal office is:  |   |
| Mailing Address   | 3466 W HIGHWAY 33<br>REXBURG, ID 83440-3164                 |
| 4. Registered Agent Name and Address  |   |
| Registered Agent  | Registered Agent  |
|   | Sandra L Bland  |
|   | Physical Address:<br>3466 WEST HIGHWAY 33                   |
|   | REXBURG, ID 83440   |
|   | Mailing Address:  |
|   | 3466 W HIGHWAY 33   |
|   | REXBURG, ID 83440-3164                                      |
| I affirm that the registered agent appointed  | has consented to serve as registered agent for this entity. |
| 5. Governors  |   |
| Name  | Address   |
| Travis Lee Bland 99   | 974 NEW BUFFALO ROAD  |
| C   | 974 NEW BUFFALO ROAD<br>ANFIELD, OH 44406                   |
| Signature of Organizer:   |   |
| Franklend   | 01-02-7025  |
| Sign Here   | Date  |
| Print & Mail Enclosures   |   |
|   |   |



## STATEMENT OF DOMESTICATION

1. Name, jurisdiction and type of the domesticating entity:

Name: Bland Anesthesia LLC

Jurisdiction: Okto
Type of Entity: LC

2. Name, jurisdiction and type of the domesticated entity:

Name: Bland Anesthesia LLC

Jurisdiction: Idaho
Type of Entity: LLC

3. Effective date of domestication:

Upon filing or

Date

(This date may not be more than ninety (90) days after the date of filing.)

- 4. the domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of organization.
- 5. the domesticated entity is a domestic filing entity and the text of its public organic document is shown in the document attached to this statement of domestication.

Signature of Domesticating Entity:

Print name