



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
09 FEB 23 AM 9:48

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Moore's Anesthesia PLLC

2. The complete street and mailing addresses of the initial designated/principal office:

10166 Pine Road Hayden Lake ID 83835

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Charlie Moores

(Name)

10166 Pine Road Hayden Lake ID 83835

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Charlie Moores

10166 Pine Road Hayden Lake ID 83835

5. Mailing address for future correspondence (annual report notices):

10166 Pine Road Hayden Lake ID 83835

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Anesthesia

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature Charlie Moores

Typed Name: Charlie Moores

Signature Carol Moores

Typed Name: Carol Moores

Secretary of State use only

ID\ComplForm\LLC form\cert_org_llc.PMD
 Revised 07/2008

IDAHO SECRETARY OF STATE
 02/23/2009 05:00
 CK: 4889 CT: 234366 BH: 1158013
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W81634