Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

2016 MAR -3 PM 3: 05

SECRETARY OF STATE

| | | ,,,, | STATE OF IDAHO | | | |
|--------|--|--|--|---------------------------------|---|--|
| 1. | The name of the professional limited liability company is: | | | | | |
| | Snarr Anesthesia Services, | PLLC | | | | |
| 2. | The complete street and mailing | addresses of the principal office is: | | | | |
| | 124 South 642 Lane West, Paul, Idaho 83347 (Street Address) PO Box 548, Paul, Idaho 83347 | | | | | |
| | | | | (Mailing Address: If different) | | |
| | | | | 3. | Name and street address of registered agent in Idaho: | |
| | R. Jared Snarr | 124 South 642 Lane West, Paul, Idaho 83347 | | | | |
| (Name) | (Address) | | | | | |
| 4. | The name and address of at least one governor of the limited liability company: | | | | | |
| | R. Jared Snarr | 124 South 642 Lane West, Paul, Idaho 83347 | | | | |
| | (Name) | (Address) | | | | |
| | | ('04, 140) | | | | |
| | (Name) | (Address) | | | | |
| | | | | | | |
| | (Name) | (Address) | | | | |
| 5. | Maijing address for future correspondence (annual report notices): | | | | | |
| | PO Box 548, Paul, Idaho 83347 | | | | | |
| | (Address) | | | | | |
| | | | | | | |
| 6. | 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: | | | | | |
| | | lursing | | | | |
| | | ٢ | Secretary of State use only | | | |
| 7. | Signature of a manager, mem | ber, or an organizer. | | | | |
| Prir | nted Name: R. Jared Snarr | | IDAKO SECRETARY OF STATE | | | |
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| Sig | nature: Kom | | CK:3663766 CT:172099 BH:1516676 | | | |
| • | | | 16 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3 | | | |
| Prir | nted Name; | | | | | |
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