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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2013 NOV -6 AM 11:33
**SECRETARY OF STATE
STATE OF IDAHO**

(Instructions on back of application)

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

Sleepy Smiles Anesthesia, PLLC

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

1115 8th Avenue E, Jerome, Idaho 83338

(Street Address)

(Mailing Address, if different than street address)

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

Paul Dickinson

(Name)

1115 8th Avenue E, Jerome, ID 83338

(Street Address)

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

Name
Address
Dale Dickinson, P.A.
85 Horseshoe Circle, Jerome, ID 83338
Paul Dickinson, PLLC
1115 8th Avenue E, Jerome, ID 83338

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

1115 8th Avenue E, Jerome, ID 83338

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: Certified Nurse Anesthetists

Signature of a manager, member or authorized person.

Signature

 Typed Name: ROBERT E. WILLIAMS

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
11/06/2013 05:00
 CK: 1604227 CT: 172099 BH: 1396934
 1 @ 100.00 = 100.00 PROF LLC # 2

cert_org_pllc.pmd Rev. 07/2010

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