



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 NOV -9 AM 8:40

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Physician Assistant Surgical Services, LLC

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

14358 W. Sipher Rd. Pocatello, Idaho 83202
(Street Address)

(Mailing Address, if different than street address)

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

Ryan Porter
(Name)

14358 W. Sipher Rd. Pocatello, ID 83202
(Street Address)

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

Andrea Porter
Name

14358 W. Sipher Rd. Pocatello, ID 83202
Address

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

14358 W. Sipher Rd. Pocatello, Idaho 83202

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature]

Typed Name: Ryan Porter

Signature _____

Typed Name: _____

Secretary of State use only

W 88165

IDAHO SECRETARY OF STATE
11/09/2009 05:00
CX: 482 CT: 242188 BH: 1134644
1 @ 100.00 = 100.00 ORGN LLC # 2