



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT 10 PM 4:01
SECRETARY OF STATE
STATE OF IDAHO

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

Inland Northwest Anesthesia, PLLC
2. The complete street and mailing addresses of the initial designated office:

1473 w. polo green, post falls, idaho 83854

(Street Address)

(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:

| | |
|-----------------------|---|
| Eleven-Fourteen, Inc. | 608 Northwest Blvd., Ste 300, Coeur d'Alene, ID 83814 |
| (Name) | (Street Address) |
4. The name and address of at least one member or manager of the professional limited liability company:

| Name | Address |
|-----------------------|---|
| Doran R. Thomas, CRNA | 11559 W. Coyote Ln, Post Falls, Idaho 83854 |
| Greg P. Bauer, CRNA | 1473 w. polo green, Post Falls, Idaho 83854 |
| | |
| | |
5. Mailing address for future correspondence (annual report notices):

Witherspoon-Kelley, 422 W. Riverside, Ste, 1100, Spokane, WA 99201
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 Services

Signature of a manager, member or authorized person.

Signature *Doran R. Thomas*

Typed Name: Doran R. Thomas

Signature *Greg P. Bauer*

Typed Name: Greg P. Bauer

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2012 05:00
 CK: 1168316 CT: 172899 BH: 1343152
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W117996