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FILED EFFECTIVE



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

2010 OCT 19 AM 11:40

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:  
**Westover Anesthesia PLLC**
2. The complete street and mailing addresses of the initial designated/principal office:  
**1519 Cove Rd., Weiser, Idaho 83672**  
(Street Address)  
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:  
**United States Corporation Agents, Inc.**      **943 West Overland Road, Meridian, ID 83642**  
(Name)      (Street Address)
4. The name and address of at least one member or manager of the professional limited liability company:  

Name	Address
Shad B. Westover	1519 Cove Rd., Weiser, Idaho 83672
5. Mailing address for future correspondence (annual report notices):  
**c/o: 1519 Cove Rd., Weiser, Idaho 83672**
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: **Nursing**

Signature of a manager, member or authorized person:

Signature

Typed Name: **Karla Figueroa, Legalzoom.com, Inc.**

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 10/19/2010 05:00  
 CK: 532062 CT: 172099 BH: 1243741  
 1 @ 100.00 = 100.00 PROF LLC # 4

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