



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2015 FEB -9 AM 9:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

Leppert Anesthesia Services PLLC

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

5987 N La Rochelle Dr

(Street Address)

Coeur d'Alene, ID 83815

(Mailing Address, if different than street address)

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

Leslie Gourley

(Name)

315 East Locust Avenue, Coeur d'Alene, ID 83814

(Street Address)

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

Name

Address

Josh Leppert

5987 N La Rochelle Dr, Coeur d'Alene, ID 83815

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

5987 N La Rochelle Dr, Coeur d'Alene, ID 83815

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: Nurse Anesthesia Nursing

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Josh Leppert

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/09/2015 05:00

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