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-FILED-

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Dadescriptions below)	y Service (see	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Professional Limited Liability Company	
Entity name		Peak Anesthesia Services PLLC	
Profession The business is organized to practice the profession of:		Nursing	
The complete street address of the principal office is: Principal Office Address		5472 W CITRUSWOOD DR POST FALLS, ID 83854	
The mailing address of the principal office is: Mailing Address		5472 W CITRUSWOOD DR POST FALLS, ID 83854-5195	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Amy Nicole Sutherland Physical Address:	
		5472 W CITRUSWOOD DR	
		POST FALLS, ID 83854-5195	
		Mailing Address:	
		5472 W CITRUSWOOD DR POST FALLS, ID 83854-5195	
☑ I affirm that the registered agent appointed	d has consented	I to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Amy Nicole Sutherland		5472 W CITRUSWOOD DR POST FALLS, ID 83854	
Signature of Organizer:			