







## STATE OF IDAHO

Office of the secretary of state, Phil McGrane

## FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0006302589

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Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see descriptions below)			ee Standard (filing fee \$100)	
The name this limited liability company will use in Idaho is:				
	Type of Limited Liability Company		Foreign Limited Liability Company	
	Entity name		Crosswinds Anesthesiology LLC	
Crosswinds Anesthesiology LLC				
2.	2. Home Jurisdiction			
	The jurisdiction of formation is:		MONTANA	
3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:				
Street Address			2900 LORAINE DR	
			MISSOULA, MT 59803	
4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  Mailing Address  2900 LORAINE DR			ws of the jurisdiction of formation) is:	
			MISSOULA, MT 59803-9712	
5. The complete street address of the principal office is:				
Principal Office Address			9075 S CHIPOLLETTI WAY	
			KUNA, ID 83634	
6. The mailing address of the principal office is:				
Mailing Address			9075 S CIPOLLETTI WAY	
			KUNA, ID 83634-4892	
7. Registered Agent Name and Address				
Registered Agent			Registered Agent	
			Daniel Propp	
			Physical Address: 9075 S CIPOLLETTI WAY	
			KUNA, ID 83634-4892	
	Mailing Address: 9075 S CIPOLLETTI WAY			
	KUNA, ID 83634-4892			
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.				
8. Governors				
	Name	Title	Address	
	Daniel Propp	Member	9075 S CIPOLLETTI WAY	
			KUNA, ID 83634-4892	
l		1		

Daniel Propp

Sign Here

Signature of individual authorized by the entity to sign:

06/06/2025

Date



Job Title: Member



## CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

## Crosswinds Anesthesiology LLC

duly filed its Articles of Organization for Domestic Limited Liability Company in this office on May 3, 2024, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 6th day of June, 2025.

Christi Gaerlian

Christi Jacobsen

Montana Secretary of State

Certificate Number: 77191833