



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 31 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alpine Anesthesia, LLC

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

300 E. 100 N., Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Brenda L. Hatch

(Name)

300 E. 100 N. Blackfoot, ID 83221

(Street Address)

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

Name

Address

Brenda L. Hatch

300 E. 100 N., Blackfoot, ID 83221

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

300 E. 100 N., Blackfoot, ID 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Brenda L. Hatch

Signature

Typed Name:

Secretary of State use only

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01/31/2011 05:00
CK: 8352 CT: 254416 BH: 1257606
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