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FILED EFFECTIVE

**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**(Instructions on back of application) **SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

SURGICAL ASSISTING SOLUTIONS, LLC

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

181 W 265 N BLACKFOOT, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

HEATHER GRIMMETT

(Name)

181 W 265 N BLACKFOOT, ID 83221

(Street Address)

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

HEATHER GRIMMETT

Name

Address

181 W 265 N BLACKFOOT, ID 83221

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

181 W 265 N BLACKFOOT, ID 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature   
Typed Name: HEATHER GRIMMETT

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

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