



0004291944

**STATE OF IDAHO**

*Office of the secretary of state, Lawerence Denney*  
**CERTIFICATE OF ORGANIZATION 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 #: 0004291944

Date Filed: 5/26/2021 1:59:42 PM

| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Same Day Service (see descriptions below)  |   | Expedited (+\$40; filing fee \$140) |      |         |                      |   |
|--|---|-------------------------------------|------|---------|----------------------|---|
| 1. Limited Liability Company Name<br>Type of Limited Liability Company<br>Entity name  |   |                                     |      |         |                      |   |
| Limited Liability Company<br>Northern Lakes Surgery Center, LLC  |   |                                     |      |         |                      |   |
| 2. The complete street address of the principal office is:<br>Principal Office Address   |   |                                     |      |         |                      |   |
| JEFFREY ROBERT LYMAN<br>1233 N NORTHWOOD CENTER CT<br>SUITE 101<br>COEUR D'ALENE, ID 83814   |   |                                     |      |         |                      |   |
| 3. The mailing address of the principal office is:<br>Mailing Address  |   |                                     |      |         |                      |   |
| JEFFREY ROBERT LYMAN<br>1233 N NORTHWOOD CENTER CT<br>STE 101<br>COEUR D ALENE, ID 83814-6190  |   |                                     |      |         |                      |   |
| 4. Registered Agent Name and Address<br>Registered Agent   |   |                                     |      |         |                      |   |
| UNISEARCH, INC.<br>Commercial Registered Agent<br>Physical Address<br>855 W BROAD ST<br>STE 101<br>BOISE, ID 83702<br>Mailing Address<br>855 W BROAD ST<br>STE 101<br>BOISE, ID 83702                |   |                                     |      |         |                      |   |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.   |   |                                     |      |         |                      |   |
| 5. Governors   |   |                                     |      |         |                      |   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Jeffrey Robert Lyman</td> <td>3103 N 22ND ST<br/>COEUR D'ALENE, ID 83815</td> </tr> </tbody> </table> |   |                                     | Name | Address | Jeffrey Robert Lyman | 3103 N 22ND ST<br>COEUR D'ALENE, ID 83815 |
| Name   | Address                                   |                                     |      |         |                      |   |
| Jeffrey Robert Lyman   | 3103 N 22ND ST<br>COEUR D'ALENE, ID 83815 |                                     |      |         |                      |   |
| Signature of Organizer:<br><br><i>Jeffrey Robert Lyman</i>   |   |                                     |      |         |                      |   |
| <i>Jeffrey Robert Lyman</i>  |   | 05/26/2021                          |      |         |                      |   |
| Sign Here  |   | Date                                |      |         |                      |   |