

FILED EFFECTIVE

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2005 MAY 23 AM 9:02

(Instructions on back of application)

STATE
OF IDAHO

1. The name of the limited liability company is:

BLACKFOOT ANESTHESIA SERVICES, LLC

2. The street address of the initial registered office is:

281 W. 200 N., BLACKFOOT, IDAHO 83221

and the name of the initial registered agent at the above address is:

STEVE MCCLELLAN

3. The mailing address for future correspondence is:

281 W. 200 N., BLACKFOOT, IDAHO 83221

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>STEVEN DEAN MCCLELLAN</u>	<u>281 W. 200 N., BLACKFOOT, IDAHO 83221</u>
<u>STACEY PATRICIA MCCLELLAN</u>	<u>281 W. 200 N., BLACKFOOT, IDAHO 83221</u>
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *St. Mc*

Typed Name: STEVEN DEAN MCCLELLAN

Capacity: MEMBER

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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05/28/2004 05:00
CK: 6813 CT: 78574 BH: 747783
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