

FILED EFFECTIVE

252



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2010 OCT 19 AM 11:40

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

**Overly Anesthesia PLLC**

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

**121 S.E. 6th Street, Grangeville, Idaho 83530**

(Street Address)

(Mailing Address, if different than street address)

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

**Thomas W. Overly**

**121 S.E. 6th Street, Grangeville, Idaho 83530**

(Name)

(Street Address)

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

Name

Address

**Thomas W. Overly**

**121 S.E. 6th Street, Grangeville, Idaho 83530**

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

**c/o: 121 S.E. 6th Street, Grangeville, Idaho 83530**

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Nursing

Signature of a manager, member or authorized person.

Signature

Typed Name: Karla Figueroa, Legalzoom.com, Inc.

Signature

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

Secretary of State use only

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10/19/2010 05:00  
CK: 532062 CT: 172099 BH: 1243741  
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