	MENDMENT TO	FILED EFFECT
	TE OF ORGANIZA	110N 10 APR 26 AM 9=00
	LIABILITY COMPA	
(Instructions	s on back of application)	SECRETARY OF STATE STATE OF IDAHO
The name of the limited lia	ability company is:	
	Inland Northwest Anesthesia,	PLLC
The date the certificate of	organization was filed was:	4/5/10
	-	
The complete street and r amended to:	mailing addresses of the desig	Inated principal office is
OFA Hant Transcol Dad	ma Guilta 200 - Casum Aldlar	TD 03014
	ve Suite 300, Coeum d'Aler	
The mailing address for fu	ture correspondence (annual	reports) is amended to:
	· · · ·	
The name of the limited list	ability company is amended to	nead.
The name of the limited lia	ability company is amended to	read:
The name of the limited lia	ability company is amended to) read:
i	ability company is amended to the managers/members shal	
i	· · · · · · · · · · · · · · · · · · ·	
The name and address of <u>Name</u>	the managers/members shal	l be amended as follows:
The name and address of <u>Name</u> Doran R. Thomas CRNA	the managers/members shal	I be amended as follows: Add Delete Other
The name and address of <u>Name</u> Doran R. Thomas CRNA Michael G. Oswald, CRNA	the managers/members shal Address 2207 N. Stagecoach Dr.	l be amended as follows: Add Delete Other
The name and address of <u>Name</u> <u>Doran R. Thomas CRNA</u> <u>Michael G. Oswald, CRNA</u> <u>Doran R. Thomas CRNA P.C.</u>	the managers/members shal Address 2207 N. Stagecoach Dr. Post Falls, ID 83854	I be amended as follows: Add Delete Other Image: Contract of the contract of
The name and address of <u>Name</u> <u>Doran R. Thomas CRNA</u> <u>Michael G. Oswald, CRNA</u> <u>Doran R. Thomas CRNA P.C.</u> <u>Hichael G. Oswald CRNA</u> , P.	the managers/members shal Address 2207 N. Stagecoach Dr. Post Falls, ID 83854 A., Inc. 1109 South Cody Ro	I be amended as follows: <u>Add Delete Other</u> <u> </u>
The name and address of <u>Name</u> Doran R. Thomas CRNA Michael G. Oswald,CRNA Doran R. Thomas CRNA P.C. Michael G. Oswald CRNA, P. Signature of an authorized	the managers/members shal Address 2207 N. Stagecoach Dr. Post Falls, ID 83854 A., Inc. 1109 South Cody Ro	I be amended as follows: <u>Add Delete Other</u> <u> </u>
The name and address of <u>Name</u> <u>Doran R. Thomas CRNA</u> <u>Michael G. Oswald, CRNA</u> <u>Doran R. Thomas CRNA P.C.</u> <u>Michael G. Oswald CRNA, P.</u> Signature of an authorized <u>MMCSMM</u>	the managers/members shal Address 2207 N. Stagecoach Dr. Post Falls, ID 83854 A., Inc. 1109 South Cody Ro d person. Coeur d'Alene, ID	I be amended as follows: <u>Add Delete Other</u> ad. 1x 83814
The name and address of <u>Name</u> <u>Doran R. Thomas CRNA</u> <u>Michael G. Oswald, CRNA</u> <u>Doran R. Thomas CRNA P.C.</u> <u>Michael G. Oswald CRNA, P.</u> <u>Signature of an authorized</u> <u>Michael G. Oswald CRNA, 1 Signature of an authorized</u>	The managers/members shale Address Address 2207 N. Stagecoach Dr. Post Falls, ID 83854 A., Inc. 1109 South Cody Ro dperson. Cosur d'Alene, ID PA, Inc. PA, Inc.	I be amended as follows: <u>Add Delete Other</u> <u> </u>
The name and address of <u>Name</u> <u>Doran R. Thomas CRNA</u> <u>Michael G. Oswald, CRNA</u> <u>Doran R. Thomas CRNA P.C.</u> <u>Michael G. Oswald CRNA, P.</u> <u>Signature of an authorized</u> <u>Michael G. Oswald CRNA, P.</u> <u>Signature of an authorized</u> <u>Michael G. Oswald CRNA, P.</u> <u>Signature of an authorized</u> <u>Michael G. Oswald CRNA, 1 Chael Oswald, President</u>	the managers/members shal Address 2207 N. Stagecoach Dr. Post Falls, ID 83854 A., Inc. 1109 South Cody Ro d person. Coeur d'Alene, ID PA, Inc.	I be amended as follows: <u>Add Delete Other</u> ad. 1x 83814
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