



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 JAN 11 AM 9:25

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Snake River Surgery Center, LLC

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

8950 W. Emerald St. Suite 164 Boise, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Shane Maxwell

(Name)

8950 W. Emerald St. Suite 164 Boise, ID 83704

(Street Address)

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

Name

Address

Shane Maxwell

3230 S. Terra Dr. Boise, ID 83709

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

8950 W. Emerald St. Suite 164 Boise, ID 83704

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Shane Maxwell

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/11/2013 05:00
CK: 5300 CT: 278116 BH: 1355375
1 @ 100.00 = 100.00 ORGAN LLC # 2

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