



0003464311

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION PROFESSIONAL  
LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0003464311

Date Filed: 3/27/2019 6:57:40 PM

| 1. Professional Limited Liability Company Name                                                                                                                               |                                                                                                                                                               |      |         |                |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------|--------------------------------------|
| Entity name                                                                                                                                                                  | MCK ANESTHESIA, PLLC                                                                                                                                          |      |         |                |                                      |
| 2. Profession                                                                                                                                                                |                                                                                                                                                               |      |         |                |                                      |
| The profession practiced by this limited liability company is:                                                                                                               | Nursing                                                                                                                                                       |      |         |                |                                      |
| 3. The complete street address of the principal office is:                                                                                                                   |                                                                                                                                                               |      |         |                |                                      |
| Principal Office Address                                                                                                                                                     | 2515 ITANI DRIVE<br>MOSCOW, ID 83843                                                                                                                          |      |         |                |                                      |
| 4. The mailing address of the principal office is:                                                                                                                           |                                                                                                                                                               |      |         |                |                                      |
| Mailing Address                                                                                                                                                              | 2515 ITANI DR<br>MOSCOW, ID 83843-9672                                                                                                                        |      |         |                |                                      |
| 5. Registered Agent Name and Address                                                                                                                                         |                                                                                                                                                               |      |         |                |                                      |
| Registered Agent                                                                                                                                                             | Registered Agent<br>MARIA C. KONEN<br>Physical Address:<br>2515 ITANI DRIVE<br>MOSCOW, ID 83843<br>Mailing Address:<br>2515 ITANI DR<br>MOSCOW, ID 83843-9672 |      |         |                |                                      |
| 6. Governors                                                                                                                                                                 |                                                                                                                                                               |      |         |                |                                      |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>MARIA C. KONEN</td><td>2515 ITANI DRIVE<br/>MOSCOW, ID 83843</td></tr></tbody></table> |                                                                                                                                                               | Name | Address | MARIA C. KONEN | 2515 ITANI DRIVE<br>MOSCOW, ID 83843 |
| Name                                                                                                                                                                         | Address                                                                                                                                                       |      |         |                |                                      |
| MARIA C. KONEN                                                                                                                                                               | 2515 ITANI DRIVE<br>MOSCOW, ID 83843                                                                                                                          |      |         |                |                                      |
| Signature of Organizer:                                                                                                                                                      |                                                                                                                                                               |      |         |                |                                      |
| <u>MARIA C. KONEN</u>                                                                                                                                                        | <u>03/27/2019</u>                                                                                                                                             |      |         |                |                                      |
| Sign Here                                                                                                                                                                    | Date                                                                                                                                                          |      |         |                |                                      |

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