



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 17 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SURGICAL ASSIST, LLC.

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

500 S. 11th Ave #303
(Street Address)

Pocatello ID 83201
(Mailing Address, if different than street address)

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

MARK MANSFIELD
(Name)

500 S. 11TH AVE #303
(Street Address)
POCATELLO ID 83201

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

Name	Address
<u>Pocatello PA Service, LLC</u>	<u>2310 Satterfield Pocatello ID 83201</u>
<u>Medical Expansion Solutions, LLC</u>	<u>500 S. 11th Ave #303 Pocatello ID 83201</u>
_____	_____
_____	_____
_____	_____

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

500 S. 11TH Avenue #303 Pocatello ID 83201

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Handwritten Signature]
Typed Name: MARK MANSFIELD.

Signature [Handwritten Signature]
Typed Name: S. BOE SIMMONS.

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/17/2009 05:00
CK: 1002 CT: 239703 BH: 1163102
1 @ 100.00 = 100.00 ORGAN LLC # 2

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