



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2014 MAY -8 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

North Peak Anesthesia, PLLC

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

2694 Balboa Way, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Barry C. Beutler

(Name)

2694 Balboa Way, Idaho Falls, Idaho 83404

(Street Address)

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

Name

Address

Barry C. Beutler

2694 Balboa Way, Idaho Falls, Idaho 83404

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

2694 Balboa Way, Idaho Falls, Idaho 83404

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: Medicine

Signature of a manager, member or authorized person.

Signature Douglas R Nelson

Typed Name: Douglas R. Nelson, attorney

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2014 05:00

CK:10464 CT:2034 BH:1423881

10 100.00 = 100.00 PROF LLC #2

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