



**ARTICLES OF ORGANIZATION  
PROFESSIONAL LIMITED  
LIABILITY COMPANY**

(Instructions on back of application)

FILED/EFFECTIVE  
2009 JUN -8 AM 9:09

1. The name of the professional limited liability company is: EAGLE ROCK ANESTHESIA, PLLC
2. The professional LLC is organized for the practice in the profession of: MEDICINE
3. The address of the initial registered office is: 187 WOODHAVEN PLACE, IDAHO FALLS  
IDAHO 83404 and the name of the initial registered agent is: SCOTT NELSON
4. Management of the professional limited liability company will be vested in:  
 Manager(s)       Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name \_\_\_\_\_

### Address

SCOTT NELSON

187 WOODHAVEN PLACE

IDAHO FALLS, IDAHO 83404

6. Signature(s) of at least one person responsible for forming the limited liability company:

**Signature**

Typed Name SCOTT NELSON

## Capacity MANAGER

**Signature**

Typed Name

### Capacity

IDAHO SECRETARY OF STATE  
01/08/2003 05:00  
CK: 10003 CT: 166302 BH: 655496  
1 8 100.00 = 100.00 PROF LLC # 2

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