



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 APR 29 PM 3:47

SECRETARY OF STATE  
STATE OF IDAHO

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

BRINTON ANESTHESIA GROUP PLLC

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

1345 N. LITTLE CREEK AVE MERIDIAN ID 83642  
(Street Address)

(Mailing Address, if different than street address)

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

CLARK L. BRINTON

(Name)

1345 N. LITTLE CREEK AVE MERIDIAN

ID 83642

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

Name

CLARK L. BRINTON

Address

1345 N. LITTLE CREEK AVE MERIDIAN  
ID 83642

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

1345 N. LITTLE CREEK AVE MERIDIAN ID 83642

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: ANESTHESIA SERVICES

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Clark L. Brinton

Typed Name: Clark L. Brinton

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
04/29/2013 05:00  
CK: 3446 CT: 282553 BH: 1371688  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 28.00 = 28.00 EXPEDITE C # 3