



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2015 JUN 15 AM 9:35

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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

River Walk Anesthesia, PLLC

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

2800 SANDY CIRCLE, IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

BRIAN B. PURCELL

(Name)

2800 SANDY CIRCLE, IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

BRIAN B. PURCELL

2800 SANDY CIRCLE, IDAHO FALLS, ID 83401

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

2800 SANDY CIRCLE, IDAHO FALLS, ID 83401

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: NURSE ANESTHETIST

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

*Brian B. Purcell*

Typed Name:

Brian B. Purcell

Signature

Typed Name:

IDAHO SECRETARY OF STATE

06/15/2015 05:00

CK:659423166 CT:311313 BH:1479712

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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