





Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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Outline to a formation limited liability of any and	
Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (sedescriptions below)	ee Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Solace Anesthesia PLLC
Profession	
The business is organized to practice the profession of:	Nursing
2. The complete street address of the principal office is:	
Principal Office Address	8529 W POOL CT BOISE, ID 83714
3. The mailing address of the principal office is:	
Mailing Address	8529 W POOL CT BOISE, ID 83714-1797
4. Registered Agent Name and Address	
Registered Agent	REGISTERED AGENTS INC Commercial Registered Agent
	Physical Address
	784 S CLEARWATER LOOP STE R POST FALLS, ID 83854
	Mailing Address
	784 S CLEARWATER LOOP STE R POST FALLS, ID 83854
☑ I affirm that the registered agent appointed has conse	ented to serve as registered agent for this entity.
5. Governors	
Name	Address
	3529 W POOL CT 3OISE, ID 83714
Signature of Organizer:	
Jesse D Vincent	05/15/2025
Sign Here	Date