



0003588356

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0003588356

Date Filed: 8/5/2019 1:14:36 PM

| Certificate of Organization Limited Liability Company | | | | | |
|--|--|------|---------|--------------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100) | | | | |
| 1. Limited Liability Company Name | | | | | |
| Type of Limited Liability Company | Professional Limited Liability Company | | | | |
| Entity name | APEX 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 | 3014 MEADOWLARK DR LEWISTON, ID 83501 | | | | |
| 3. The mailing address of the principal office is: | | | | | |
| Mailing Address | 3014 MEADOWLARK DR LEWISTON, ID 83501-8627 | | | | |
| 4. Registered Agent Name and Address | | | | | |
| Registered Agent | Registered Agent MANDI STROHM Physical Address: 3014 MEADOWLARK DR LEWISTON, ID 83501 Mailing Address: 3014 MEADOWLARK DR LEWISTON, ID 83501-8627 | | | | |
| 5. Governors | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>MANDI STROHM</td><td>3014 MEADOWLARK DR LEWISTON, ID 83501</td></tr></tbody></table> | | Name | Address | MANDI STROHM | 3014 MEADOWLARK DR LEWISTON, ID 83501 |
| Name | Address | | | | |
| MANDI STROHM | 3014 MEADOWLARK DR LEWISTON, ID 83501 | | | | |
| Signature of Organizer: | | | | | |
| <u>MANDI STROHM</u> | <u>08/05/2019</u> | | | | |
| Sign Here | Date | | | | |

B0314-9188 08/05/2019 1:15 PM Received by ID Secretary of State Lawrence Denney