



# **CERTIFICATE OF ORGANIZATION FILED EFFECTIVE** **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2016 JAN -8 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

MEYERS ANESTHESIA, PLLC

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

1080 TERRA AVE TWIN FALLS ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

JOHN W MEYERS

(Name)

1080 TERRA AVE TWIN FALLS ID 83301

(Street Address)

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

Name

Address

JOHN W MEYERS

1080 TERRA AVE TWIN FALLS ID 83301

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

7721 W SETTLERS AVE BOISE, ID 83704

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: NURSING NURSE ANESTHETIST

Signature of a manager, member or authorized person.

Signature

Typed Name: JOHN W MEYERS

Signature

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/08/2016 05:00

CK:1002 CT:318681 BH:1507633

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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