

252

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 MAR 30 PM 3:40

SECRETARY OF STATE  
STATE OF IDAHO

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

CENTRAL IDAHO ANESTHESIA, PLLC

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

85 HORSESHOE CIRCLE, JEROME, IDAHO 83338

(Street Address)

(Mailing Address, if different than street address)

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

DALE DICKINSON

(Name)

85 HORSESHOE CIRCLE, JEROME, IDAHO 83338

(Street Address)

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

Name

Address

DALE DICKINSON

85 HORSESHOE CIRCLE, JEROME, IDAHO 83338

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

85 HORSESHOE CIRCLE, JEROME, IDAHO 83338

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: REGISTERED NURSE ANESTHESIA

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: DALE DICKINSON

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 03/30/2009 05:00  
 CK: 218661 CT: 172899 BN: 1163651  
 1 @ 100.00 = 100.00 PROF LLC # 2

 eSolutions LLC formation org file PDF  
 Revised 07/28/08

W82724