



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAR 31 PM 1:58

SECRETARY OF STATE
STATE OF IDAHO

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

SEI MOBILE ANESTHESIA, PLLC

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

333 N. 18TH AVE., BLDG. A, POCATELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

ERIC L. OLSEN

(Name)

201 E. CENTER ST., POCATELLO, ID 83201

(Street Address)

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

Name

Address

ROGER COOK, M.D.

333 N. 18TH AVE., BLDG. A, POCATELLO, ID 83201

DANIEL SNELL, M.D.

333 N. 18TH AVE., BLDG. A, POCATELLO, ID 83201

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

P.O. BOX 4167, POCATELLO, ID 83205

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: MEDICINE

Signature of a manager, member or authorized person.

Signature Conrad J. Aiken

Typed Name: CONRAD J. AIKEN, ORGANIZER

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2014 05:00
CK: 4918 CT: 169988 BH: 1417874
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W136067