

## CERTIFICATE OF ORGANIZATION PROFESSIONAL I IMITED I IARII ITY COMPANY

11 APR -5 AM 8: 07

	LIMITED LIABILI	TY COMPANY THE STATE OF THE STA
	(Instructions on back of application)	
1.	1. The name of the professional limited liability company is: STA = OF IDAHO	
	Gem Anesthesia Services, PLLC	
2.	The complete street and mailing addresses of the initial designated/principal office:	
	1202 East Locust Street, Emmett, Idaho 83617	
	(Street Address) 2563 West South Slope Road, Emmett, Idaho 83617	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Ryan E. White	2563 West South Slope Road, Emmett, Idaho 83617
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the professional limited liability company:  Name  Address	
	Ryan E. White (President)	2563 West South Slope Road, Emmett, Idaho 83617
	Jennifer L. Petrie (Vice President)	2563 West South Slope Road, Emmett, Idaho 83617
5.	Mailing address for future correspondence (annual report notices):	
	2563 West South Slope Road, Emmett, Idaho 83617	
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	
	nature of a manager, member or	authorized
•	nature AME/MAR	Secretary of State use only
Тур	ed Name: Pyan E. White	
_	nature APCULL	

cert\_org\_plic.pmd Rev. 07/2010

Typed Name: Jennifer L. Petrie

IDAHO SECRETARY OF STATE

94/95/2011 95:00

CK: 1421 CT: 257402 BH: 1267717
1 8 108.00 = 100.00 PROF LLC # 2
1 8 20.00 = 20.00 EXPEDITE C # 3

W102032