



0005986190

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane
CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005986190

Date Filed: 11/17/2024 2:11:39 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	Limited Liability Company				
Entity name	Gritzner Anesthesia Solutions LLC				
2. The complete street address of the principal office is:					
Principal Office Address	SARAH GRITZNER 3844 W MAGNOLIA LANE BOISE, ID 83703				
3. The mailing address of the principal office is:					
Mailing Address	3844 W MAGNOLIA LN BOISE, ID 83703-4925				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent Sarah R Gritzner Physical Address: 3844 W MAGNOLIA LANE BOISE, ID 83703 Mailing Address: 3844 W MAGNOLIA LN BOISE, ID 83703-4925				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Sarah Renee Gritzner</td><td>3844 W MAGNOLIA LANE BOISE, ID 83703</td></tr></tbody></table>		Name	Address	Sarah Renee Gritzner	3844 W MAGNOLIA LANE BOISE, ID 83703
Name	Address				
Sarah Renee Gritzner	3844 W MAGNOLIA LANE BOISE, ID 83703				
Signature of Organizer:					
	11/17/2024				
Sign Here	Date				
Print & Mail Enclosures					
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:					
Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.					
This filing form (submit within 30 days) with the required signature(s).					
If you are submitting a correction, return the correction letter with your updated document.					

B0962-0893 11/19/2024 2:14 PM Received by Office of the Idaho Secretary of State



STATEMENT OF DOMESTICATION

1. Name, jurisdiction and type of the domesticating entity:

Name: Gritzner Anesthesia Solutions, LLC

Jurisdiction: Wisconsin

Type of Entity: LLC

2. Name, jurisdiction and type of the domesticated entity:

Name: Gritzner Anesthesia Solutions LLC

Jurisdiction: Idaho

Type of Entity: LLC

3. Effective date of domestication: Upon filing or
X Date: 12/01/2024

(This date may not be more than ninety (90) days after the date of filing.)

4. the domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of organization.
5. the domesticated entity is a domestic filing entity and the text of its public organic document is shown in the document attached to this statement of domestication.

Signature of Domesticating Entity:



Sarah Gritzner
Print name