



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 15 AM 9:29

FILED EFFECTIVE
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Upper Valley Surgery Center LLC

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

256 N 200 E Rexburg, ID 83440

(Street Address)

PO BOX 549 Rexburg, ID 83440

(Mailing Address, if different than street address)

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

Barry J Peterson

(Name)

651 Wheatland Circle, Rexburg, ID 83440

(Street Address)

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

Name

Barry J Peterson

Address

651 Wheatland Circle, Rexbrug, ID 83440

Jay R McMaster

625 Harvest Drive, Rexburg, ID 83440

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

PO BOX 549 Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Barry J Peterson

Secretary of State use only

Signature _____

Typed Name: Jay R McMaster

IDAHO SECRETARY OF STATE
04/15/2013 05:00
CK: 2496 CT: 279225 BH: 1369379
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3