



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 NOV -4 PM 3:54
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alexandria Surgical, LLC

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

2181 N. Mooncrest Lane

(Street Address)

Eagle, ID 83616

(Mailing Address, if different than street address)

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

Charles Timothy Floyd

(Name)

2181 N. Mooncrest Lane, Eagle, ID 83616

(Street Address)

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

Name

Charles Timothy Floyd

Address

2181 N. Mooncrest Lane, Eagle, ID 83616

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

PO Box 1240, Eagle, ID 83616-1240

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

Signature of a manager, member or authorized person.

Signature Charles Timothy Floyd
Typed Name: Charles Timothy Floyd

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
11/05/2013 05:00
CK: 5733 CT: 151096 BH: 1396681
1 @ 100.00 = 100.00 ORGAN LLC # 2

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