



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
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**

**Address**

Charles Timothy Floyd

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

Signature

Typed Name:

Secretary of State use only

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

W130843