

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAY 30 AM 9:24

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SAWTOOTH ANESTHESIA, LLC

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

2609 SW 3RD 1/2 AVENUE, FRUITLAND, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

AARON GOPP

(Name)

2609 SW 3RD 1/2 AVENUE, FRUITLAND, ID 83619

(Street Address)

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

NameAddress

AARON GOPP

2609 SW 3RD 1/2 AVENUE, FRUITLAND, ID 83619

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

2609 SW 3RD 1/2 AVENUE, FRUITLAND, ID 83619

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: AARON GOPP, MANAGING MEMBER

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/30/2014 05:00

CK:1139 CT:284256 BH:1426358

1@ 100.00 = 100.00 ORGAN LLC #2

W138469