







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004373754

Date Filed: 8/9/2021 10:59:16 AM

| Select one: Standard, Expedited or Same Day Service descriptions below) | e (see Expedited (+\$40; filing fee \$140) |
|---|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Alpha Anesthesia LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 754 E CLEARVUE CT |
| | MERIDIAN, ID 83646 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | PO BOX 548 |
| | UCON, ID 83454-0548 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Nicholas S Orgill |
| | Physical Address: 1150 E 25TH STREET |
| | IDAHO FALLS, ID 83404 |
| | Mailing Address: |
| | PO BOX 548 |
| | 1 6 50,000 |
| | UCON, ID 83454-0548 |
| <u> </u> | |
| I affirm that the registered agent appointed has co | UCON, ID 83454-0548 |
| 5. Governors | UCON, ID 83454-0548 Insented to serve as registered agent for this entity. |
| 5. Governors Name | UCON, ID 83454-0548 Insented to serve as registered agent for this entity. Address |
| 5. Governors Name Vincen Bateman | UCON, ID 83454-0548 Insented to serve as registered agent for this entity. Address 745 E CLEARVUE CT |
| 5. Governors Name | UCON, ID 83454-0548 Insented to serve as registered agent for this entity. Address 745 E CLEARVUE CT |