





STATE OF IDAHO

Office of the secretary of state, Phil McGrane

FOREIGN REGISTRATION STATEMENT (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 #: 0005559829

Date Filed: 1/11/2024 3:12:01 PM

| Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see | Expedited (+\$40; filing fee \$140) |
|--|--|
| descriptions below) | |
| The name this limited liability company will use in Idaho is: | - · · · · · · · · · · · · · · · · · · · |
| Type of Limited Liability Company | Foreign Limited Liability Company |
| Entity name | Driftless Anesthesia LLC |
| Driftless Anesthesia LLC | |
| 2. Home Jurisdiction | |
| The jurisdiction of formation is: | WYOMING |
| 3. The street address of its domestic principal office (if required by the laws of the | ne jurisdiction of formation) is: |
| Street Address | None |
| 4. The mailing address of its domestic principal office (if required by the laws of | the jurisdiction of formation) is: |
| Mailing Address | None |
| 5. The complete street address of the principal office is: | |
| Principal Office Address | 784 S. CLEARWATER LOOP |
| | STE B |
| | POST FALLS, ID 83854 |
| 6. The mailing address of the principal office is: | |
| Mailing Address | 784 S CLEARWATER LOOP |
| | STE B POST FALLS, ID 83854-9599 |
| 7. Registered Agent Name and Address | |
| Registered Agent | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent |
| | Physical Address |
| | 784 S CLEARWATER LOOP STE B |

| I affirm that the registered ag | gent appointed has consented to serve | as registered agent for this entity. |
|---------------------------------|---------------------------------------|--------------------------------------|
|---------------------------------|---------------------------------------|--------------------------------------|

8. Governors

X

| Name | Title | Address |
|----------------|--------|---|
| Ashton Mieritz | Member | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854-9599 |

POST FALLS, ID 83854

POST FALLS, ID 83854

784 S CLEARWATER LOOP STE B

Mailing Address

Signature of individual authorized by the entity to sign:

Ashton Mieritz
Sign Here

01/11/2024
Date



Job Title: Member

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Driftless Anesthesia LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 10**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001390276**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of January, 2024 at 10:33 AM. This certificate is assigned ID Number 068537424.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.