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-FILED-

File #: 0005123941

Date

Date Filed: 2/23/2023 5:19:16 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	rvice (see Same Day Service (+\$100; filing fee \$200)
Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Northwest Surgery Center, LLC
2. The complete street address of the principal office is:	
Principal Office Address	1593 E. POLSTON AVE POST FALLS, ID 83854
3. The mailing address of the principal office is:	
Mailing Address	RICK RASMUSSEN 1593 E POLSTON AVE POST FALLS, ID 83854-5326
4. Registered Agent Name and Address	
Registered Agent I affirm that the registered agent appointed has	Registered Agent Rick Rasmussen Physical Address: RICK RASMUSSEN 1593 E. POLSTON AVE POST FALLS, ID 83854 Mailing Address: RICK RASMUSSEN 1593 E POLSTON AVE POST FALLS, ID 83854-5326 s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Rick Rasmussen	RICK RASSMUSSEN 1593 E. POLSTON AVE POST FALLS, ID 83854
Signature of Organizer:	
Justin Gregory	02/23/2023

Sign Here