



0005057728

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***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 #: 0005057728

Date Filed: 1/8/2023 10:18:15 PM

Certificate of Organization Limited Liability Company

Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)

## 1. Limited Liability Company Name

Type of Limited Liability Company

Limited Liability Company

Entity name

ELEVATE ANESTHESIA LLC

## 2. The complete street address of the principal office is:

Principal Office Address

5094 E LINCOLN RD  
IDAHO FALLS, ID 83401

## 3. The mailing address of the principal office is:

Mailing Address

5094 E LINCOLN RD  
IDAHO FALLS, ID 83401-5768

## 4. Registered Agent Name and Address

Registered Agent

Registered Agent

LARA KNOWLES

Physical Address:

5094 E LINCOLN RD  
IDAHO FALLS, ID 83401

Mailing Address:

5094 E LINCOLN RD  
IDAHO FALLS, ID 83401-5768

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 5. Governors

Name	Address
LARA KNOWLES	5094 E LINCOLN RD IDAHO FALLS, ID 83401

Signature of Organizer:

LARA KNOWLES

Sign Here

01/08/2023

Date

B0767-8734 01/08/2023 10:22 PM Received by Office of the Idaho Secretary of State