



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

# FILED

2015 MAY 19 AM 8:19

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

Dreamworks Anesthesia, PLLC

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

190 Stillwater Dr Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Emily Munns

(Name)

190 Stillwater Dr Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Emily Munns

190 Stillwater Dr Idaho Falls, ID 83404

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

190 Stillwater Dr Idaho Falls, ID 83404

6. Future effective date of filing (optional): 07/01/2015

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Nursing

Signature of a manager, member or authorized person.

Signature

*Emily Munns*

Typed Name: Emily Munns, CRNA

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2015 05:00

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