



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 DEC -4 AM 8:53

1. The name of the limited liability company is:

Aisling Anesthesia, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

6350 Hwy 95, Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

Heather Nasker

(Name)

6350 Hwy 95, Fruitland, ID 83619

(Street Address)

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

Name

Address

Heather Nasker

Same as above

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

Same as above

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Heather Nasker

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/04/2012 05:00
CK: 1193 CT: 276847 BH: 1349894
1 @ 100.00 = 100.00 ORGAN LLC # 2

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