

252

**FILED EFFECTIVE**

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

2016 FEB -2 AM 9:21

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:  
Apollo Med Anesthesia, PLLC
2. The complete street and mailing addresses of the initial designated/principal office:  
520 N 3rd Ave., Sandpoint, ID 83864  
(Street Address)  
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:  

<u>United States Corporation Agents, Inc.</u>	<u>950 Bannock Street, Suite 1100, Boise, ID 83702</u>
<small>(Name)</small>	<small>(Street Address)</small>
4. The name and address of at least one member or manager of the professional limited liability company:
 

<u>Name</u>	<u>Address</u>
<u>Adam Michael Kerr</u>	<u>520 N 3rd Ave., Sandpoint, ID 83864</u>
_____	_____
_____	_____
_____	_____
5. Mailing address for future correspondence (annual report notices):  
c/o: Apollo Med Anesthesia, PLLC, 520 N 3rd Ave., Sandpoint, ID 83864
6. Future effective date of filing (optional): \_\_\_\_\_
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 CM

 Typed Name: Cheyenne Moseley, Legalzoom.com, Inc.

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/02/2016 05:00

CK:3569588 CT:172099 BH:1511614

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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