

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:

**United States Corporation Agents, Inc.**

(Name)

**950 Bannock Street, Suite 1100, Boise, ID 83702**

(Street Address)

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

**Name**

**Adam Michael Kerr**

**Address**

**520 N 3rd Ave., Sandpoint, ID 83864**

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 \_\_\_\_\_

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**

**W161487**