







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney 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 #: 0005029007

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below)	Day Service (see	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		Schirmer Anesthesia and Pain LLC
2. The complete street address of the principal office is		
Principal Office Address		602 N HAYES ST MOSCOW, ID 83843-3239
3. The mailing address of the principal office is:		
Mailing Address		784 S CLEARWATER LOOP
		STE B POST FALLS, ID 83854-9599
4. Registered Agent Name and Address		NORTHWEST REGISTERED AGENT LLC
Registered Agent		Commercial Registered Agent
		Physical Address
		784 S CLEARWATER LOOP STE B
		POST FALLS, ID 83854
		Mailing Address
		784 S CLEARWATER LOOP STE B POST FALLS, ID 83854
I affirm that the registered agent appoint	nted has consented	I to serve as registered agent for this entity.
5. Governors		
Name	Address	
John Schirmer	602 N HAYES ST MOSCOW, ID 83843-3239	
Signature of Organizer:		
Morgan Noble		12/13/2022
Sign Here		Date