



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

2014 APR 24 AM 9:07

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

Buckskin Anesthesia Services, PLLC

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

5360 W. Buckskin Rd., Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

John B. Traul, MD

(Name)

5360 W. Buckskin Rd., Pocatello, ID 83201

(Street Address)

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

Name

Address

John B. Traul, MD

5360 W. Buckskin Rd., Pocatello, ID 83201

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

John B. Traul MD, 5360 W. Buckskin Rd., Pocatello, ID 83201

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: medicine

Signature of a manager, member or authorized person.

Signature

John B. Traul

Typed Name: John B. Traul, MD

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/24/2014 05:00

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