



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 20 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Inland Northwest Anesthesia, PLLC
2. The name of the limited liability company is amended to read:

3. The date the certificate of organization was originally filed: 10/09/2012
4. The complete street and mailing addresses of the designated principal office is amended to:

5. The mailing address for future correspondence (annual reports) is amended to:

6. The name and address of the managers/members shall be amended as follows:

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
<u>Doran R. Thomas, CRNA</u>	<u>11559 W. Coyote Ln.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
	<u>Post Falls, ID 83854</u>			
<u>Greg P. Bauer, CRNA</u>	<u>1473 West Polo Green Ave.,</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
	<u>Post Falls, ID 83854</u>			
<u>Doran R. Thomas CRNA P.C.</u>	<u>11559 W. Coyote Ln.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
	<u>Post Falls, ID 83854</u>			
<u>Go 2 Sleep Anesthesia, PLLC</u>	<u>1473 West Polo Green Ave.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
7. Signature of an authorized person. Post Falls, ID 83854

Signature

Doran R. Thomas, CRNA P.C. by Doran R. Thomas

Typed Name

Signature

Go 2 Sleep Anesthesia, PLLC by Greg P. Bauer

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2012 05:00
CK: 100129 CT: 10339 BH: 1352267
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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