



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 JUN 30 10:00 AM

1. The name of the limited liability company is:

River of No Return Anesthesia, L.L.C.

2. The street address of the initial registered office is:

42 Wild Rose Rd., Salmon, ID 83467

and the name of the initial registered agent at the above address is:

Cecil T. Jackson

3. The mailing address for future correspondence is:

42 Wild Rose Rd., Salmon, ID 83467

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Cecil T. Jackson</u>	<u>42 Wild Rose Rd., Salmon, ID 83467</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Cecil T. Jackson*

Typed Name: Cecil T. Jackson

Capacity: Manager

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

Idaho Secretary of State
LLC Form 1001 (Rev. 07/2002)

IDAHO SECRETARY OF STATE
06/30/2005 05:00
CK: 9420 CT: 70590 BH: 818962
1 @ 100.00 = 100.00 ORGAN LLC # 2

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