



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

2012 MAR -8 AM 9:37

(Instructions on back of application)

SECRETARY OF STATE  
is: STATE OF IOWA

1. The name of the professional limited liability company

**Idaho Surgical Assistants PLLC**

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

3527 S Federal Way, Ste 103, #341, Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

**Kristi Wayment**

(Name)

**3527 S Federal Way, Ste 103, #341, Boise, ID 83705**

(Street Address)

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

**Name**

**Address**

**Kristi Wayment**

3527 S Federal Way, Ste 103, #341, Boise, ID 83705

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

3527 S Federal Way, Ste 103, #341, Boise, ID 83705

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 

Typed Name: Kristi Wayment

**Signature** \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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03/08/2012 05:00  
CK: 1316 CT: 267911 BH: 1314227  
1 @ 100.00 = 100.00 PROF LLC # 2

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