



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG -8 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Twin Falls Anesthesia Associates, L.L.C.

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

285 Frasier Ct., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

James T. Annest, MD., PA

(Name)

285 Frasier Ct., Twin Falls, ID 83301

(Street Address)

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

Name

James T. Annest, MD, PA

Address

285 Frasier Ct., Twin Falls, ID 83301

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

285 Frasier Ct., Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature James T. Annest, MD, PA
 Typed Name: James T. Annest, MD, PA

Secretary of State use only

Signature _____
 Typed Name: _____

IDaho SECRETARY OF STATE
 08/08/2011 05:00
 CK: 40387 CT: 174943 BH: 1285648
 1 @ 100.00 = 100.00 ORGAN LLC # 2