



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
2018 MAR 12 AM 9:58

SECRETARY OF STATE  
STATE OF IDAHO

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

**MN ANESTHESIA, PLLC**

2. The complete street and mailing addresses of the principal office is:

**695 W CATTLE DRIVE TRAIL**

(Street Address)

**FLAGSTAFF, AZ 86005**

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

**MARK NOORLANDER 5649 BARTON LANE, AMMON, ID 83406**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**MARK NOORLANDER 695 W CATTLE DRIVE TRAIL, FLAGSTAFF AZ 86005**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**695 W CATTLE DRIVE TRAIL, FLAGSTAFF AZ 86005**

(Address)

6. 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:

**Nursing**

7. Signature of a manager, member, or an organizer.

Printed Name: Mark Noorlander

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2018 05:00

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