



CERTIFICATE OF ORGANIZATION 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

2017 NOV -3 AM 9:08

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Albert Surgical LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

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

2625 W Wolf Rapids Drive Meridian Idaho 83646

(Street Address)

(Mailing Address, if different)

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

Gabriel Albert

2625 W Wolf Rapids Drive Meridian Idaho 83646

(Name)

(Address **cannot** be a post office box or postal mail box)

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

Gabriel Albert

2625 W Wolf Rapids Drive Meridian Idaho 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

2625 W Wolf Rapids Drive Meridian Idaho 83646

(Address)

Signature of organizer(s).

Signature:

Printed Name: **Gabriel Albert**

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/03/2017 05:00

CK:2028 CT:347916 BH:1610415

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