

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

07 JUN 15 PM 4:42

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: ANESTHESIA ASSOCIATES INVESTMENT GROUP, LLP
2. If previously filed a statement of partnership, the name used in that statement is: N/A
The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is: 111 WEST STATE STREET, BOISE, ID 83702
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: LOREN G. HINGER, 111 WEST STATE STREET, BOISE, ID 83702
5. The mailing address for future correspondence is: 111 WEST STATE STREET, BOISE, ID 83702
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1)

Typed Name Robert M. Centeno, M.D.

2)

Typed Name Douglas W. Nicolarsen, M.D.

3)

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/18/2007 05:00
CK: 11292 CT: 20168 BH: 1060364
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