



0005935713

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State  
 PO Box 83720  
 Boise, ID 83720-0080  
 (208) 334-2301  
 Filing Fee: \$0.00

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File #: 0005935713

Date Filed: 10/10/2024 12:06:39 PM

Entity Name and Mailing Address: <b>Entity Name:</b> New Leaf Trauma Institute LLC <b>The file number of this entity on the records of the Idaho Secretary of State is:</b> 0005469205 <b>Address</b> 175 E 50TH ST GARDEN CITY, ID 83714-1413							
<b>Entity Details:</b> <b>Entity Status</b> Active-Existing <b>This entity is organized under the laws of:</b> IDAHO <b>If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:</b>							
The registered agent on record is: <b>Registered Agent</b> Michael Kuffel Registered Agent Physical Address 175 E 50TH ST MICHAEL KUFFEL GARDEN CITY, ID 83714-1413 Mailing Address 175 E 50TH ST MICHAEL KUFFEL GARDEN CITY, ID 83714-1413							
<b>Agent or Address Change</b> <input type="checkbox"/> Select if you are appointing a new agent.							
<b>Limited Liability Company Managers and Members</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Michael Kuffel</td> <td>Manager</td> <td>175 E 50TH ST GARDEN CITY, ID 83714</td> </tr> </tbody> </table>		Name	Title	Business Address	<input checked="" type="checkbox"/> Michael Kuffel	Manager	175 E 50TH ST GARDEN CITY, ID 83714
Name	Title	Business Address					
<input checked="" type="checkbox"/> Michael Kuffel	Manager	175 E 50TH ST GARDEN CITY, ID 83714					
The annual report must be signed by an authorized signer of the entity. <b>Job Title:</b> Owner  <i>Michael Kuffel</i> <b>10/10/2024</b> <b>Sign Here</b> <b>Date</b>							