

No. W 5391		Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALING ARTS DAY SURGERY, LLC RAQUEL CROITORU, M.D. 222 W IOWA AVE STE B NAMPA ID 83686		RAQUEL CROITORU 222 W IOWA AVE STE B NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name RAQUEL CROITORU, M.D.	Street or PO Address 325 RUTH LN		City NAMPA	State ID	Country	Postal Code 83686
5. Organized Under the Laws of: ID W 5391		6. Annual Report must be signed.* Signature: RC Name (type or print): RC Date: 11/29/2016 Title: manager					
Processed 11/29/2016 * Electronically provided signatures are accepted as original signatures.							