

No. W 5391		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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 83686	
				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	RAQUEL CROITORU, M.D.	325 RUTH LN	NAMPA	ID	83686
5. Organized Under the Laws of: ID W 5391		6. Annual Report must be signed.* Signature: CROITORU MD Name (type or print): CROITORU MD Date: 11/20/2014 Title: managing member			
Processed 11/20/2014		* Electronically provided signatures are accepted as original signatures.			