No. W 3332		Due no later than Dec 31, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ERIC HAFF			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BOISE PERFUSION, L.L.C. KATHY & BRIAN BLOSSER 3618 N HAWTHORNE DR BOISE ID 83703-4528		BOISE ID	623 W HAYS ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	BRIAN G. BLOSSER KATHLEEN FAYE BLOSSER		3618 N. HAWTHORNE DR. 3618 N. HAWTHORNE DR.	BOISE BOISE	ID ID	USA	83703-4528 83703-4528	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kath		Date: 12/24/2017				
W 3332		Name (type or		Title: Member				
Processed 12/24/2017		* Electronically provided signatures are accepted as original signatures.						