The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

|                                  |                            |                                       |                  | OMB APPROVAL                                   |
|----------------------------------|----------------------------|---------------------------------------|------------------|--|
| UNI                              |                            | AND EXCHANGE<br>n, D.C. 20549<br>RM D | COMMISSION       | OMB 3235-<br>Number: 0076<br>Estimated average |
|                                  | Notice of Exempt           | Offering of Securitie                 | S                | burden<br>hours per<br>response: 4.00          |
|                                  |                            |                                       |                  | Tesponse.                                      |
| 1. Issuer's Identity             |                            |                                       |                  |  |
| CIK (Filer ID Nur                | nber) Previous<br>Names    | X None                                | E                | ntity Type                                     |
| 0001518906                       |                            |                                       | X Corporation    |  |
| Name of Issue                    | r                          |                                       | Limited Partn    | ership   |
| Surefire Medical, Inc.           |                            |                                       | Limited Liabi    | lity Company                                   |
| Jurisdiction o                   |                            |                                       | General Partn    | ership   |
| Incorporation/Organ              | nization                   |                                       | Business Trus    | t  |
| DELAWARE                         | tion/Organization          |                                       | Other (Specif    | y)   |
| Year of Incorpora                | uon/Organization           |                                       |                  |  |
| X Over Five Years Ago            | 'nacify Var                |                                       |                  |  |
| Within Last Five Years (S        | pecify Year)               |                                       |                  |  |
| Yet to Be Formed                 |                            |                                       |                  |  |
| 2. Principal Place of Busines    | s and Contact Information  |                                       |                  |  |
| Name                             | of Issuer                  |                                       |                  |  |
| Surefire Medical, Inc.           |                            |                                       |                  |  |
| Street A                         | Address 1                  |                                       | Street Address 2 |  |
| 6272 W. 91st Avenue              |                            |                                       |                  |  |
| City                             | State/Province/Country     | ZIP/PostalC                           | Code Phone Numbe | r of Issuer                                    |
| WESTMINSTER                      | COLORADO                   | 80031                                 | (415) 336-8917   |  |
| 3. Related Persons               |                            |                                       |                  |  |
| Last Name                        | Firs                       | t Name                                | Middle Name      |  |
| Chomas                           | James                      |                                       | E.               |  |
| Street Address 1                 | Street A                   | Address 2                             |                  |  |
| c/o Surefire Medical, Inc.       | 6272 W. 91st Ave           | nue                                   |                  |  |
| City                             | State/Prov                 | ince/Country                          | ZIP/PostalCod    | le   |
| Westminster                      | COLORADO                   |                                       | 80031            |  |
| <b>Relationship:</b> X Executive | Officer X Director Promote | er                                    |                  |  |
| Clarification of Response (if    | Necessary):                |                                       |                  |  |
| Last Name                        | First                      | t Name                                | Middle Name      |  |
| Weldon                           | Norman                     |                                       | R.               |  |
| Street Address 1                 | Street A                   | Address 2                             |                  |  |

 c/o Surefire Medical, Inc.
 6272 W. 91st Avenue

 City
 State/Province/Country

 Westminster
 COLORADO

 Relationship:
 Executive Officer X Director

Clarification of Response (if Necessary):

| Last Name                                | First Name             | Middle Name    |
|--|------------------------|----------------|
| Cassidy                                  | Karen                  | J.             |
| Street Address 1                         | Street Address 2       |                |
| c/o Surefire Medical, Inc.               | 6272 W. 91st Avenue    |                |
| City                                     | State/Province/Country | ZIP/PostalCode |
| Westminster                              | COLORADO               | 80031          |
| <b>Relationship:</b> Executive Officer 2 | X Director Promoter    |                |
| Clarification of Response (if Necess     | ary):                  |                |
| Last Name                                | First Name             | Middle Name    |
| Holburn                                  | Bob                    |                |
| Street Address 1                         | Street Address 2       |                |
| c/o Surefire Medical, Inc.               | 6272 W. 91st Avenue    |                |
| City                                     | State/Province/Country | ZIP/PostalCode |
| Westminster                              | COLORADO               | 80031          |
| <b>Relationship:</b> X Executive Officer | Director Promoter      |                |
| Clarification of Response (if Necess     | ary):                  |                |
| Last Name                                | First Name             | Middle Name    |
| Graham                                   | Ginger                 | L.             |
| Street Address 1                         | Street Address 2       |                |
| c/o Surefire Medical, Inc.               | 6272 W. 91st Avenue    |                |
| City                                     | State/Province/Country | ZIP/PostalCode |
| Westminster                              | COLORADO               | 80031          |
| <b>Relationship:</b> Executive Officer 2 | X Director Promoter    |                |
| Clarification of Response (if Necess     | ary):                  |                |
| Last Name                                | First Name             | Middle Name    |
| Huss                                     | Beverly                |                |
| Street Address 1                         | Street Address 2       |                |
| c/o Surefire Medical, Inc.               | 6272 W. 91st Avenue    |                |
| City                                     | State/Province/Country | ZIP/PostalCode |
| Westminster                              | COLORADO               | 80031          |
| <b>Relationship:</b> Executive Officer 2 | X Director Promoter    |                |
| Clarification of Response (if Necess     | ary):                  |                |
| Last Name                                | First Name             | Middle Name    |
| McGrevin                                 | Gene                   | R.             |
| Street Address 1                         | Street Address 2       |                |
| c/o Surefire Medical, Inc.               | 6272 W. 91st Avenue    |                |
| City                                     | State/Province/Country | ZIP/PostalCode |
| Westminster                              | COLORADO               | 80031          |
| <b>Relationship:</b> Executive Officer 2 | X Director Promoter    |                |
| Clarification of Response (if Necess     | ary):                  |                |
| Last Name                                | First Name             | Middle Name    |
| Tullis                                   | John                   |                |
| Street Address 1                         | Street Address 2       |                |
| c/o Surefire Medical, Inc.               | 6272 W. 91st Avenue    |                |
| City                                     | State/Province/Country | ZIP/PostalCode |
| Westminster                              | COLORADO               | 80031          |

## Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

## 4. Industry Group

| Agriculture                                |                 | Health Care                | Retailing                 |
|--|-----------------|----------------------------|---------------------------|
| Banking & Financial Services               |                 | Biotechnology              | Restaurants               |
| Commercial Banking                         |                 | Health Insurance           | Technology                |
| Insurance                                  |                 | Hospitals & Physicians     | Computers                 |
| Investing<br>Investment Banking            |                 | Pharmaceuticals            | Telecommunications        |
| Pooled Investment Fu                       | ind             | X Other Health Care        | Other Technology          |
| Is the issuer registere                    |                 | Manufacturing              | Travel                    |
| an investment compa<br>the Investment Comp |                 | Real Estate                | Airlines & Airports       |
| Act of 1940?                               | ally            | Commercial                 | Lodging & Conventions     |
| Yes  | No              | Construction               | Tourism & Travel Services |
| Other Banking & Fin                        | ancial Services | <b>REITS &amp; Finance</b> | Other Travel              |
| Business Services                          |                 | Residential                | Other                     |
| Energy                                     |                 | Other Real Estate          |                           |
| Coal Mining                                |                 |                            |                           |
| Electric Utilities                         |                 |                            |                           |
| Energy Conservation                        |                 |                            |                           |
| Environmental Servio                       | ces             |                            |                           |

5. Issuer Size

Oil & Gas

Other Energy

| <b>Revenue Range</b>            | OR | Aggregate Net Asset Value Range |
|---------------------------------|----|---------------------------------|
| No Revenues                     |    | No Aggregate Net Asset Value    |
| \$1 - \$1,000,000               |    | \$1 - \$5,000,000               |
| \$1,000,001 - \$5,000,000       |    | \$5,000,001 - \$25,000,000      |
| \$5,000,001 -<br>\$25,000,000   |    | \$25,000,001 - \$50,000,000     |
| \$25,000,001 -<br>\$100,000,000 |    | \$50,000,001 - \$100,000,000    |
| Over \$100,000,000              |    | Over \$100,000,000              |
| X Decline to Disclose           |    | Decline to Disclose             |
| Not Applicable                  |    | Not Applicable                  |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

|   | Investment Company Act Section 3(c) |                  |  |
|---|-------------------------------------|------------------|--|
| Rule 504(b)(1) (not (i), (ii) or (iii))       | Section 3(c)(1)                     | Section 3(c)(9)  |  |
| Rule 504 (b)(1)(i)                            | Section 3(c)(2)                     | Section 3(c)(10) |  |
| Rule 504 (b)(1)(ii)<br>Rule 504 (b)(1)(iii)   | Section 3(c)(3)                     | Section 3(c)(11) |  |
| Rule 505                                      | Section 3(c)(4)                     | Section 3(c)(12) |  |
| X Rule 506(b)                                 | Section 3(c)(5)                     | Section 3(c)(13) |  |
| Rule 506(c)<br>Securities Act Section 4(a)(5) | Section 3(c)(6)                     | Section 3(c)(14) |  |
|   | Section 3(c)(7)                     |                  |  |

| X New Notice Date of First Sale 2015-06-12 First Sale<br>Amendment   | Yet to Occur  |
|--|---|
| 8. Duration of Offering  |   |
| Does the Issuer intend this offering to last more than one y   | ear? Yes X No   |
| 9. Type(s) of Securities Offered (select all that apply)   |   |
| <ul> <li>X Equity<br/>Debt</li> <li>X Option, Warrant or Other Right to Acquire Another Sector</li> <li>X Security to be Acquired Upon Exercise of Option, Warrandother Right to Acquire Security</li> </ul> |   |
| 10. Business Combination Transaction   |   |
| Is this offering being made in connection with a business c<br>a merger, acquisition or exchange offer?  | ombination transaction, such as Yes X No                          |
| Clarification of Response (if Necessary):  |   |
| 11. Minimum Investment   |   |
| Minimum investment accepted from any outside investor S  | S1 USD  |
| 12. Sales Compensation   |   |
| Recipient  | Recipient CRD Number X None                                       |
| (Associated) Broker or Dealer X None   | (Associated) Broker or Dealer CRD Number X None                   |
| Street Address 1<br>City   | Street Address 2       State/Province/Country     ZIP/Postal Code |
| State(s) of Solicitation (select all that apply)<br>Check "All States" or check individual States  | Foreign/non-US  |
| 13. Offering and Sales Amounts   |   |
| Total Offering Amount\$14,053,711 USD orIndefinTotal Amount Sold\$11,047,356 USDIndefinTotal Remaining to be Sold\$3,006,355 USD orIndefin   |   |
| Clarification of Response (if Necessary):  |   |
| 14. Investors  |   |

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

7. Type of Filing

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

| Sales Commissions | \$0 USD | Estimate |
|-------------------|---------|----------|
| Finders' Fees     | \$0 USD | Estimate |

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer                 | Signature           | Name of Signer  | Title             | Date       |
|------------------------|---------------------|-----------------|-------------------|------------|
| Surefire Medical, Inc. | /s/ James E. Chomas | James E. Chomas | President and CEO | 2015-06-23 |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.