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
UN	OMB 3235- Number: 0076 Estimated average			
	Notice of Exempt	Offering of Securitie	5	burden hours per response: 4.00
				response.
1. Issuer's Identity				
CIK (Filer ID Nu	umber) Previous Names	X None	E	ntity Type
<u>0001518906</u>			X Corporation	
Name of Issu	ler		Limited Partn	ership
Surefire Medical, Inc.			Limited Liabi	lity Company
Jurisdiction			General Partn	ership
Incorporation/Orga	anization		Business Trus	st
DELAWARE			Other (Specif	y)
-	ation/Organization			
X Over Five Years Ago				
Within Last Five Years (Specify Year)			
Yet to Be Formed				
2. Principal Place of Busine	ess and Contact Information			
Name	e of Issuer			
Surefire Medical, Inc.				
Street	Address 1		Street Address 2	
6272 W. 91st Avenue				
City	State/Province/Country	ZIP/PostalC	ode Phone Numbe	er 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	Address 2		
c/o Surefire Medical, Inc.	6272 W. 91st Ave	nue		
City	State/Prov	vince/Country	ZIP/PostalCod	le
Westminster	COLORADO		80031	
Relationship: X Executive	e Officer X Director Promote	er		
Clarification of Response (i	f Necessary):			
Last Name	Firs	t Name	Middle Name	<u> </u>
Weldon	Norman		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

 Relationship:
 Executive Officer X Director
 Promoter

Relationship. Executive officer A Director Tron

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
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	sary):	
	T1 . N T	
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
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	sary):	
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
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	sary):	
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
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Necess	sary):	
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		
Clarification of Response (if Necess	sary):	
Last Name	First Name	Middle Name
Scalese	Anthony	
Street Address 1	Street Address 2	
c/o Surefire Medical, Inc.	6272 W. 91st Avenue	
Citv		ZIP/PostalCode
City Westminster	State/Province/Country COLORADO	ZIP/PostalCode 80031

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last	Name	me First Name		Middle Name
Song	Song Simone			
Street A	ddress 1	Street Address 2		
c/o Surefire Medica	al, Inc.	6272 W. 91st Avenue		
C	ity	State/Province/Country		ZIP/PostalCode
Westminster		COLORADO	80031	
Relationship: Ex	ecutive Officer	X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Wahlstrom	Mats	
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 Banking & Financia Commercial Bank Insurance Investing Investment Banki Pooled Investment Is the issuer regis an investment con the Investment Con Act of 1940?	king ng It Fund tered as npany under	Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals X Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking &	Financial Services	REITS & Finance	Other Travel
Business Services		Residential	Other
Energy Coal Mining		Other Real Estate	

Electric Utilities

Energy Conservation

Environmental Services

Oil & Gas

Other Energy

5. Issuer Size

Revenue Range	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 - \$25,000,000	\$25,000,001 - \$5	0,000,000	
\$25,000,001 - \$100,000,000	\$50,000,001 - \$10	00,000,000	
Over \$100,000,000	Over \$100,000,00	00	
X Decline to Disclose	Decline to Disclo	ose	
Not Applicable	Not Applicable		
6. Federal Exemption(s) and Exclusion(s) Clain	ned (select all that a	apply)	
	Investment C	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) Rule 504 (b)(1)(ii)	Section 3(c)((2) Section 3(c)(10)	
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)(
Rule 506(c)	Section 3(c)(
Securities Act Section 4(a)(5)	Section 3(c)		
		·)	
7. Type of Filing			
X New Notice Date of First Sale 2017-02-24 Amendment	First Sale Yet to 0	Occur	
8. Duration of Offering			
Does the Issuer intend this offering to last more	e than one year?	Yes X No	
9. Type(s) of Securities Offered (select all that a	apply)		
X Equity Debt Option, Warrant or Other Right to Acquire A	nother Security	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities	
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a a merger, acquisition or exchange offer?	a business combinat	tion transaction, such as Yes X No	
Clarification of Response (if Necessary):			

11. Minimum Investment

Minimum investment accepted from any outside investor \$1 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		Street Address 2	
City	9	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US	

Total Offering Amount\$15,000,000 USD orIndefiniteTotal Amount Sold\$12,858,752 USDIndefiniteTotal Remaining to be Sold\$2,141,248 USD orIndefinite

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:

19			

15. Sales Commissions & Finder's Fees Expenses

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

Issuer	Signature	Name of Signer	Title	Date
Surefire Medical, Inc.	/s/ James E. Chomas	James E. Chomas	President and CEO	2017-03-07

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.