

No. <b>W 82480</b>	<b>Due no later than Mar 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
	TRAVEL NURSE ACROSS AMERICA, LLC 5020 NORTHSHORE DR SUITE 2 NORTH LITTLE ROCK AR 72118 USA		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
MEMBER	GRANT FORTSON	5020 NORTHSHORE DR SUITE 2	NORTH LITTLE ROCK	AR	USA	72118
MEMBER	GERALD JOHNSTON	5020 NORTHSHORE DR SUITE 2	NORTH LITTLE ROCK	AR	USA	72118
5. Organized Under the Laws of:  <b>AR W 82480</b>	6. Annual Report must be signed.*					
		Signature: Dareth Jeffers	Date: 01/29/2010			
		Name (type or print): Dareth Jeffers	Title: Poa			
Processed 01/29/2010		* Electronically provided signatures are accepted as original signatures.				