

State of Idaho

Office of the Secretary of State

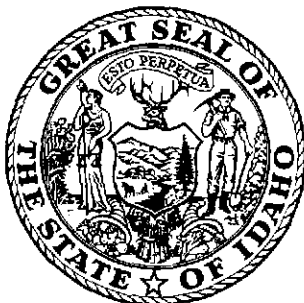
**CERTIFICATE OF REGISTRATION
OF
EMERALD CITY MEDICAL STAFFING, INC.**

File Number C 207502

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: October 19, 2015



Lawrence Denney
SECRETARY OF STATE

By *Shirley Denney*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 OCT 19 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Emerald City Medical Staffing, Inc.

2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

- ☒ Business Corporation ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here)

4. Jurisdiction of formation: Washington State
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
6240 Tacoma Mall Blvd Suite 315 Tacoma WA 98409
 (Street Address) (City) (State) (Zipcode)
 (Mailing Address, if different) (City) (State) (Zipcode)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
6240 Tacoma Mall Blvd Suite 315 Tacoma WA 98409
 (Street Address) (City) (State) (Zipcode)
 (Mailing Address, if different) (City) (State) (Zipcode)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

 (Address) (City) (State) (Zipcode)

8. Name and street address of registered agent in Idaho:
Brianna Kelly 950 W Bannock St Suite 1100 Boise ID 83702
 (Name) (Address) (City) (State) (Zipcode)

9. The name, capacity, and mailing address of at least one governor:

<u>Jennifer Minks</u> (Name)	<u>President</u> (Capacity)	<u>6240 Tacoma Mall Blvd Suite 315</u> (Address)	<u>Tacoma</u> (City)	<u>WA</u> (State)	<u>98409</u> (Zipcode)
<u>Micah Minks</u> (Name)	<u>Secretary/Treasurer</u> (Capacity)	<u>6240 Tacoma Mall Blvd Suite 315</u> (Address)	<u>Tacoma</u> (City)	<u>WA</u> (State)	<u>98409</u> (Zipcode)

Typed Name: Jennifer Minks

Signature: _____

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

10/19/2015 05:00

CK:6847 CT:314533 BH:1496912

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C207502

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

EMERALD CITY MEDICAL STAFFING, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit
Corporation was formed under the laws of the State of WA and was issued a Certificate Of
Incorporation in Washington on 12/23/2004.

I FURTHER CERTIFY that as of the date of this certificate, EMERALD CITY MEDICAL
STAFFING, INC. remains active and has complied with the filing requirements of this office.

Date: October 8, 2015

UBI: 602-457-099



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State