

No. <b>W 82480</b>		Due no later than Mar 31, 2014		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>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> TRAVEL NURSE ACROSS AMERICA, LLC 5020 NORTHSHORE DRIVE SUITE 2 NORTH LITTLE ROCK AR 72118 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	GEORGE WILKERSON	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	B. GENE SCOTT	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	CARLA PRICE	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	PHIL PHILLIPS	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	STEVE MURRAY	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	MICHAEL F. LAX	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	DEREK KING	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	GARY JONES	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	BRYAN JEFFREY	5020 NORTHSHORE DRIVE SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
MEMBER	JOHN DANIEL	5020 NORTHSHORE DRIVE 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 Name (type or print): Dareth Jeffers Date: 02/06/2014 Title: Poa					
Processed 02/06/2014		* Electronically provided signatures are accepted as original signatures.					