

No. <b>W 82480</b>		<b>Due no later than Mar 31, 2013</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>1. Mailing Address: Correct in this box if needed.</b>		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
		TRAVEL NURSE ACROSS AMERICA, LLC 5020 NORTHSORE DRIVE 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	JOHN DANIEL	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	DEREK KING	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	GEORGE WILKERSON	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	B. GENE SCOTT	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	CARLA PRICE	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	PHIL PHILLIPS	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	STEVE MURRAY	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	MICHAEL F. LAX	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	GARY JONES	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
MEMBER	BRYAN JEFFREY	5020 NORTHSORE DRIVE SUITE 2		NORTH LITTLE ROCK	AR	USA	72118
5. Organized Under the Laws of:  <b>AR</b> <b>W 82480</b>		6. Annual Report must be signed.*  Signature: Dareth Jeffers Name (type or print): Dareth Jeffers					
		Date: 02/18/2013 Title: Poa					
Processed 02/18/2013      * Electronically provided signatures are accepted as original signatures.							