

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY  
OF  
GENESIS MEDICAL STAFFING, INC.**

File Number C 194086

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 19, 2012



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*

mailed 3/14/12



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2012 MAR 19 AM 9:31

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:  
Genesis Medical Staffing, Inc.
2. The name which it shall use in Idaho is: \_\_\_\_\_
3. It is incorporated under the laws of: Nebraska
4. Its date of incorporation is: 5/5/10
5. The address of its principal office is:  
10110 Nicholas Street, Suite 100, Omaha, NE 68114
6. The address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_
7. The street address of its registered office in Idaho is: 3803 Nottingham Lane, Idaho Falls, ID 83402  
and its registered agent in Idaho at that address is: Leslie Wagner
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Stephanie Taylor</u>	<u>President</u>	<u>10110 Nicholas St. Ste 100, Omaha, NE</u>
<u>Paul C. Taylor</u>	<u>Vice President</u>	<u>10110 Nicholas St. Ste 100, Omaha, NE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 3/14/12

Signature: \_\_\_\_\_

Typed Name: Paul C. Taylor

Capacity: Vice President

[The signer must be a director or an officer of the corporation.]

Customer Acct # : \_\_\_\_\_

(If using pre-paid account)

Secretary of State use only

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forms\app\forsec\authority\_profit.pmd  
Revised 06/2005

Web Form

IDAHO SECRETARY OF STATE  
03/19/2012 05:00  
CK: 1405 CT: 268314 BH: 1315763  
1 @ 100.00 = 100.00 AUTH PRO # 2

C194086

STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

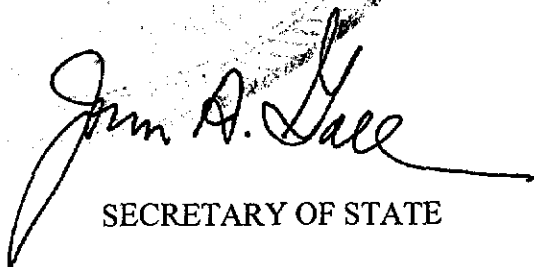
I, John A. Gale, Secretary of State of Nebraska do hereby certify;

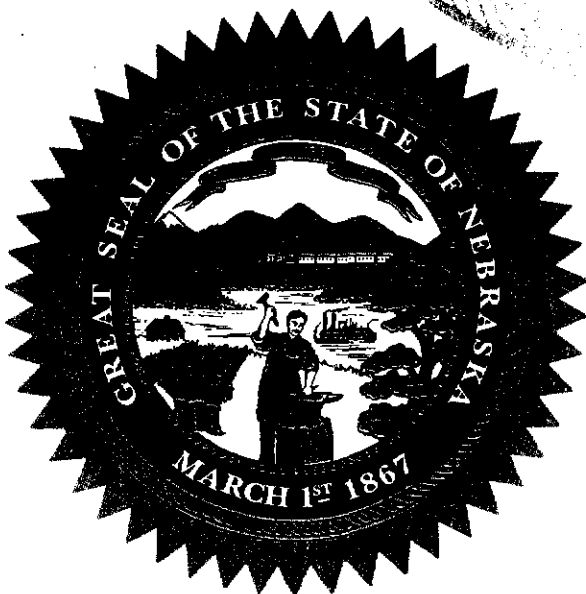
**GENESIS MEDICAL STAFFING, INC.**

was duly incorporated under the laws of this state on May 5, 2010 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on January 30, 2012.

  
SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.