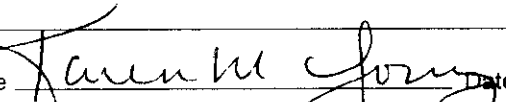


No. C 93931	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box if applicable PROGRESSIVE NURSING SERVICES, INC. KAREN M YOUNG 1514 SHOSHONE BOISE, ID 83705	KAREN M YOUNG 1514 SHOSHONE BOISE, ID 83705 3. New Registered Agent Signature																	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"><u>Office held</u></th> <th style="width:15%;"><u>Name</u></th> <th style="width:40%;"><u>Street or P.O. Address</u></th> <th style="width:10%;"><u>City</u></th> <th style="width:10%;"><u>State</u></th> <th style="width:15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President Treasurer</td> <td>> KAREN M. Young</td> <td>1514 Shoshone St.</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Secretary</td> <td>> Lynne WARD</td> <td>1514 Shoshoshone St.</td> <td>BOISE</td> <td>IDAHO</td> <td>83705</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President Treasurer	> KAREN M. Young	1514 Shoshone St.	BOISE	ID	83705	Secretary	> Lynne WARD	1514 Shoshoshone St.	BOISE	IDAHO	83705
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Secretary	> Lynne WARD	1514 Shoshoshone St.	BOISE	IDAHO	83705															
5. Organized Under the Laws of: IDAHO C 93931	6.  Signature _____ Date <u>12/1/03</u> Name <small>(Typed or Printed)</small> <u>KAREN M. Young</u> Title <u>President</u>																			