

No. <b>W 64997</b>	<b>Due no later than Jul 31, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ON DEMAND MEDICAL STAFFING SERVICES, LLC ALLAN R BOSCH 205 N. 10TH ST 4TH FLOOR BOISE ID 83702 USA		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702			
			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	ON DEMAND SOLUTIONS INC	13960 W WAINWRIGHT DR.	BOISE	ID		83713
5. Organized Under the Laws of:  <b>ID W 64997</b>		6. Annual Report must be signed.* Signature: W.Sartin Name (type or print): W.Sartin		Date: 05/21/2015 Title: Secretary		
Processed 05/21/2015		* Electronically provided signatures are accepted as original signatures.				