

# State of Idaho

Office of the Secretary of State

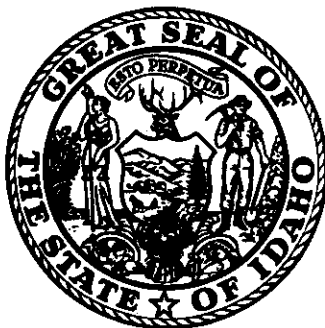
**CERTIFICATE OF AUTHORITY  
OF  
MEDICAL STAFFING SOLUTIONS INC.**

File Number C 200856

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: January 13, 2013



*Ben Yursa*  
SECRETARY OF STATE

By *Sheryl Deines*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2014 JAN 13 AM 9:49

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the corporation is:  
Medical Staffing Solutions, Inc.
2. The name which it shall use in Idaho is: Medical Staffing Solutions, Inc
3. It is incorporated under the laws of: Wisconsin
4. Its date of incorporation is: 02/09/2001
5. The address of its principal office is:  
35 W Newton, Rice Lake, WI 54868
6. The address to which correspondence should be addressed, if different from item 5, is:  
PO Box 101, Rice Lake, WI 54868
7. The street address of its registered office in Idaho is: 424 E Sherman Ave, Ste 305 Coer D Alene  
and its registered agent in Idaho at that address is: Northwest Registered Agent LLC
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>James Marsh</u>	<u>President</u>	<u>35 W Newton St, Rice Lake, WI 54868</u>
<u>Summer Marsh</u>	<u>VP</u>	<u>35 W Newton St, Rice Lake, WI 54868</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 1/8/14

Signature:

Typed Name: James Marsh

Capacity: 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

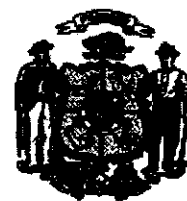
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Revised 06/2005

Web Form

IDAHO SECRETARY OF STATE  
01/13/2014 05:00  
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C200854

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**MEDICAL STAFFING SOLUTIONS INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 9, 2001.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 14, 2013.

*Paul M. Holzem*

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **127608-6DBC2235**