No. **W 73925**	**Due no later than May 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** SPECIALIZED MEDICAL STAFFING LLC BYRON MARK BUTHMAN 191 N 4242 E RIGBY ID 83442	BYRON BUTHMAN 191 N 4242 E RIGBY ID 83442 3. New 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	BYRON MARK BUTHMAN	191 N 4242 E	RIGBY	ID	USA	83442
MEMBER	GWENDALYN JEAN BUTHMAN	191 N 4242 E	RIGBY	ID	USA	83442

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 73925**	Signature: Byron Buthman	Date: 06/15/2012
	Name (type or print): Byron Buthman	Title: Managing Member

Processed 06/15/2012

* Electronically provided signatures are accepted as original signatures.