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| No. W 183391 | | Due no later than May 31, 2018 | | 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. VISTA ALLIED HEALTH, LLC 1A BURTON HILLS BLVD NASHVILLE TN 37215 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| | | | | 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 | |
| MANAGER | CRAIG A WILSON | 1A BURTON HILLS BLVD | NASHVILLE | TN | USA | 37215 | |
| MEMBER | VISTA STAFFING SOLUTIONS, INC. | 1A BURTON HILLS BLVD | NASHVILLE | TN | USA | 37215 | |
| 5. Organized Under the Laws of: DE W 183391 | | 6. Annual Report must be signed.* Signature: Craig A. Wilson Name (type or print): Craig A. Wilson Date: 05/17/2018 Title: Manager | | | | | |
| Processed 05/17/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |