

|  |                |   |       |  |         |             |  |
|--|----------------|---|-------|--|---------|-------------|--|
| No. <b>C 147064</b>  |                | <b>Due no later than Jan 31, 2007</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>   |       | NICOLE M BLOXHAM<br>3828 E 12 N<br>RIGBY ID 83442  |         |             |  |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>NORTHWEST NURSE STAFFING, P.A.<br>NICOLE BLOXHAM<br>329 S WOODRUFF<br>IDAHO FALLS ID 83401 |       | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |   |       |  |         |             |  |
| Office Held  | Name           | Street or PO Address  | City  | State  | Country | Postal Code |  |
| PRESIDENT  | NICOLE BLOXHAM | 3828 E 12 N   | RIGBY | ID   | USA     | 83422-5700  |  |
| DIRECTOR   | NICOLE BLOXHAM | 3828 E12 N  | RIGBY | ID   | USA     | 83442-5700  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>C 147064</b>   |                | 6. Annual Report must be signed.*<br>Signature: NICOLE BLOXHAM<br>Name (type or print): NICOLE BLOXHAM<br>Date: 11/27/2006<br>Title: PRESIDENT          |       |  |         |             |  |
| Processed 11/27/2006   |                | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |