

|                                                                                                                                                        |                |                                                                                                                                                               |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 175378</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2010</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>1. Mailing Address: Correct in this box if needed.</b><br>HEALTH CAREER GROUP, INC. (THE)<br>GUY C MITCHELL<br>3559 GEKELER #J109<br>BOISE ID 83706<br>USA |       | GUY C MITCHELL<br>3559 GEKELER #J109<br>BOISE ID 83706 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                               |       | 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                                                                                                                                              | GUY C MITCHELL | 3559 GEKELER #J109                                                                                                                                            | BOISE | ID                                                     | USA     | 83706       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 175378</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Guy Mitchell<br>Name (type or print): Guy Mitchell<br>Date: 08/12/2010<br>Title: President                    |       |                                                        |         |             |  |
| Processed 08/12/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                     |       |                                                        |         |             |  |