

No. C 147064	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) NICOLE M BLOXHAM 3941 EAST 144 NORTH RIGBY ID 83442														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTHWEST NURSE STAFFING, P.A. NICOLE BLOXHAM 3941 EAST 144 NORTH RIGBY ID 83442		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nicole Bloxham</td> <td>3941 E 144 N</td> <td>Rigby,</td> <td>ID</td> <td>83442</td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Nicole Bloxham	3941 E 144 N	Rigby,	ID	83442	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Nicole Bloxham	3941 E 144 N	Rigby,	ID	83442												
5. Organized Under the Laws of: IDAHO C 147064		6. Signature: <u>Nicole Bloxham</u> Date: <u>5/2/2016</u> Name (type or print): <u>Nicole Bloxham</u> Title: <u>5/2/2016</u>															

Issued 05/02/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM