

No. C 99136	Due no later than Jul 31, 2001 Annual Report Form		2. Registered Agent and Office 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 applicable PROGRESSIVE NURSING STAFF PRN, INC. 1514 SHOSHONE BOISE, ID 83705		KAREN M. YOUNG 1514 SHOSHONE BOISE, ID 83705 3. New Registered Agent Signature																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																												
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>KAREN M Young</td> <td>1514 Shoshone</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>SECRETARY</td> <td>MADALYN M Reilly</td> <td>1514 Shoshone</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>DIRECTOR</td> <td>KAREN M YOUNG</td> <td>1514 Shoshone</td> <td>BOISE</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	KAREN M Young	1514 Shoshone	BOISE	ID	83705	SECRETARY	MADALYN M Reilly	1514 Shoshone	BOISE	ID	83705	DIRECTOR	KAREN M YOUNG	1514 Shoshone	BOISE	ID	83705
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5. Organized Under the Laws of: NEVADA C 99136	6. Signature <u>Madalyn M Reilly</u> Date <u>5-15-01</u> Name <small>(Typed or Printed)</small> <u>MADALYN M Reilly</u> Title: <u>SECRETARY</u>																											