

No. <b>W 64997</b>		<b>Due no later than Jul 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BRIAN LARSEN 101 S CAPITOL BLVD SUITE 1900 BOISE ID 83702	
		<b>1. Mailing Address: Correct in this box if needed.</b> ON DEMAND MEDICAL STAFFING SERVICES, LLC BRIAN LARSEN 101 S CAPITOL BLVD SUITE 1900 BOISE ID 83702		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
MEMBER	BONNIE CARNES ON DEMAND SOLUTIONS INC	3080 E GENTRY WAY SUITE 100	MERIDIAN	ID	83642
5. Organized Under the Laws of:  <b>ID W 64997</b>		6. Annual Report must be signed.* Signature: Brian Larsen Name (type or print): Brian Larsen Date: 05/22/2018 Title: Registered Agent			
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.			