Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRAVEL NURSE ACROSS AMERICA, LLC 5020 NORTHSHORE DRIVE SUITE 2 NORTH LITTLE ROCK AR 72118		2. Registered Agent and Address (NO PO BOX)				
				C T CORPORA	C T CORPORATION SYSTEM			
					921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
				3. New Registere				
NO FILIN RECEIVED BY			- 1001.7.1.		3			
4. Limited Liability Co	ompanies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	GEORGE WI	LKERSON	5020 NORTHSHORE DRIVE, SUITE 2	ROCK	AR	USA	72118	
MEMBER	B. GENE SCOTT		5020 NORTHSHORE DRIVE, SUITE 2	ROCK	AR	USA	72118	
MEMBER CARLA PRICE		Е	5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
MEMBER	MBER PHIL PHILLIPS		5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
MEMBER	STEVE MURRAY		5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
MEMBER	MICHAEL F.	LAX	5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
MEMBER	ER BILLIE LAX		5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
MEMBER DEREK KING			5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
IEMBER GARY JONES		5020 NORTHSHORE DRIVE, SUITE 2	ROCK	AR	USA	72118		
MEMBER	BER BRYAN JEFFREY		5020 NORTHSHORE DRIVE, SUITE 2	RUCK	AR	USA	72118	
MEMBER	JOHN DANIEL		5020 NORTHSHORE DRIVE,SUITE 2	NORTH LITTLE ROCK	AR	USA	72118	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
AR W 82480		Signature: Mandeline Hendricks			Date: 02/06/2017			
		Name (type or print): Mandeline Hendricks			Title: POA			
Processed 02/06/201	17	* Electronically p	rovided signatures are accepted as original s	signatures.				

Due no later than Mar 31, 2017

2. Registered Agent and Address (NO PO BOX)

No. **W 82480**