No. C 200856		Due no later than Jan 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL STAFFING SOLUTIONS INC. LORI KOEHLER PO BOX 101 RICE LAKE WI 54868		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				NORTHWEST REGISTERED AGENT LLC 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
2000 000 00		ess Addresses of President, Secretary, and Di				_	
Office Held	Name	Street or PO Addre	SS	City	State	Country	Postal Code
PRESIDENT VICE PRESIDENT	JAMES MARS	No. of the Control of		RICE LAKE RICE LAKE	WI WI	USA	54868 54868
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WI C 200856		Signature: James Marsh	Date: 01/11/2017				
		Name (type or print): James Marsh	Title: President				
Processed 01/11/2017 * Electronically provided signatures are accepted as original signatures.							