| No. C 176133 | | Due no later than Dec 31, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--|---|----------------------------|---|-------|---------|-------------|--|
| Return to: | | | | JIM P JOHNSON | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PRO-NATION THERAPY STAFFING INC. DONALD M LIDSTROM 930 N. COLE ROAD | | 206 VILLAGE LANE PL BOISE ID 83702 | | | | |
| | | | | | | | | |
| | | BOISE ID 83704 | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter N | Names and Busin | ess Addresses of President, Secretary | , and Directors. Treasurer | (optional). | | | | |
| Office Held | Name | Street or P | O Address | City | State | Country | Postal Code | |
| DIRECTOR JIM P JOHN | | SON 206 VILLAG | E LANE PL | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jim P Johnson | | Date: 10/25/2012 | | | | |
| C 176133 | | Name (type or print): Jim P Johnson | | Title: Rirector | | | | |
| Processed 10/25/2012 | Processed 10/25/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |