State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF

HEALTHCARE STAFFING SOLUTIONS, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of HEALTHCARE STAFFING SOLUTIONS, INC. for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to HEALTHCARE STAFFING SOLUTIONS, INC. to transact business in this State under the name HEALTHCARE STAFFING SOLUTIONS, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: January 19, 1993



SECRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Idaho

| is Healthcare S | taffing Solutions, | Inc. 🙎 🕏 |
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| | | Inc. |
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| etual | | • |
| office in the state or count | try under the laws of whic | h it is incorporated is |
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| pondence should be addre | essed, if different from that | t in item 5. |
| | | - *** |
| ise, Idaho 83702-5 | 8858 , | and the name of its proposed |
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| | | |
| ent staffing to ho | spitals, clinics, | etc. specializing |
| professionals. | | |
| dresses of its directors an | d officers are: | |
| Office | Á | ddress |
| President | 32 Hidden Road, | Andover, MA |
| Treasurer, Vice P | resident 67 Cranbe | rry Lance, N. Andover |
| | | 19930119 0900 45403 |
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| | | COMPONENTIO 10 70.00= |
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| Name | Office | Address |
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|). The corporation accepts and | shall comply with the provisions | of the Constitution and the laws of the State of |
| ldaho. | | |
| This Application is accompa | nied by a certificate of Cornorate | Status or Existence, duly authenticated by th |
| ated: 1/7/93 | 10-1000 to -1-1-1-1-1 | |
| // | Healthcar | e Staffing Solutions, Inc. |
| • | | (Corporation Name) |
| | By Kluon | tom pull |
| | Its Pr | esident/Vice President (please specify) |
| | and Affects | cretary (Assistant Secretary (please specify) |
| TATE OF <u>MA</u> |) | Cretary Assistant Secretary (please specify) |
| OUNTY OF _ Essex |) ss: | |
| | you Fletcher | |
| . Isth | 76.2366 | , a notary public, do hereby certify that on |
| is da | y of January | , 19 , personally appeared before |
| e Michael Cit | Sac C, who | being by me first duly sworn, declared that (s)he |
| the VICE-Pres | • | cure staffing |
| Soli | Itions, Inc | · |
| at (s)he signed the foregoing do | mones Vice- Dyes | of the corporation and that |
| e statements therein contained a | are true. | of the corporation and that |
| 0 484 00€6 6,51 0} #1883 00€6 16,51 01 | | Λ |
| #1800 F08 3 : 4.1 0 #00.01 | 1 | $V_{\Lambda} = 0.0$ |
| # # | Holan and | alway Flithon |
| | TUXUIL | Notary Public |
| | | *{ |



The Commonwealth of Massachusetts Office of the Secretary of State State House, Boston 02133

January 15, 1993

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

Healthcare Staffing Solutions, Inc.

is a domestic corporation organized on September 20, 1989 under the General Laws of the Commonwealth of Massachusetts.

I further certify that no proceedings are presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolution; that no articles of dissolution have been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

IN TESTIMONY of which, I have hereunto

affixed the Great Seal of the Commonwealth on the date first above written.

Secretary of State

* This certificate is not a tax clearance. Certificates certifying all taxes due are payable to the corporation have been paid or provided for, are issued by the Department of Revenue.

Form C.D. 504.