No. C 194086		Due no later than Mar 31, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LESLIE WAGNER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.				~		
		GENESIS MEDICAL STAFFING, INC. PAUL C TAYLOR 10110 NICHOLAS ST SUITE 202 OMAHA NE 68114		IDAHO FALI	IDAHO FALLS ID 83402			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of F	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT PRESIDENT	PAUL C TA` STEPHANIE		10110 NICHOLAS ST SUITE 202 10110 NICHOLAS ST SUITE 202	omaha omaha	NE NE	USA USA	68114 68114	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NE		Signature: Paul C Taylor		[Date: 03/19/2013			
C 194086		Name (type or	7	Title: Vice President				
Processed 03/19/2013		* Electronically pr	ovided signatures are accepted as original s	signatures.				