

No. C 99136	Due no later than Jul 31, 2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)	
Return to: 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. PROGRESSIVE NURSING STAFF PRN, INC. LYNNE WARD 1514 SHOSHONE BOISE ID 83705 USA	KAREN M. YOUNG 1514 SHOSHONE BOISE ID 83705	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	KAREN M YOUNG	1514 SHOSHONE ST	BOISE ID USA 83705
TREASURER	KAREN M YOUNG	1514 SHOSHONE ST	BOISE ID USA 83705
SECRETARY	LYNNE G WARD	1514 SHOSHONE ST	BOISE ID USA 83705
5. Organized Under the Laws of: IV C 99136	6. Annual Report must be signed.* Signature: Lynne Ward Date: 05/21/2009 Name (type or print): Lynne Ward Title: Asst Administrator		
Processed 05/21/2009	* Electronically provided signatures are accepted as original signatures.		