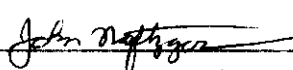
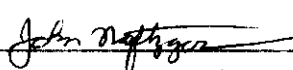
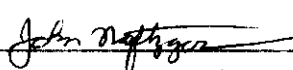


No. W 10536	Due no later than Dec 31, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable RELIEF NURSING NETWORK, LLC JOHN NAFTZGER 2913 S SWALLOWTAIL LN BOISE, ID 83706	JOHN NAFTZGER 2913 S SWALLOWTAIL LN BOISE, ID 83706 3. <u>New</u> Registered Agent Signature											
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>John Naftzger</td> <td>2913 S Swallowtail Ln.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		John Naftzger	2913 S Swallowtail Ln.	Boise	ID	83706
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	John Naftzger	2913 S Swallowtail Ln.	Boise	ID	83706									
5. Organized Under the Laws of: IDAHO W 10536	6. <table border="1"> <tr> <td>Signature </td> <td>Date <u>10/7/00</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>John Naftzger</u></td> <td>Title: <u>owner</u></td> </tr> </table>		Signature 	Date <u>10/7/00</u>	Name (Typed or Printed) <u>John Naftzger</u>	Title: <u>owner</u>								
Signature 	Date <u>10/7/00</u>													
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Issued 10/02/2000

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