

1.) CORPORATION NAME:

CHG Medical Staffing, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **1/31/2013**

SCC ID NO: **F1130097**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6440 S MILLROCK DR STE 175

CITY/ST/ZIP: SALT LAKE CITY, UT 84121

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SEAN DAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/T/S/VP		
ADDRESS:	6440 S MILLROCK DR STE 175		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84121		

NAME:	DOUG WARRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6440 S MILLROCK DR STE 175		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84121		

NAME:	DANIEL THOMSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6440 S MILLROCK DR STE 175		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84121		

NAME:	MICHAEL WEINHOLTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6440 S MILLROCK DR STE 175		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84121		

NAME:	SCOTT BECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES & COO		
ADDRESS:	6440 S MILLROCK DR STE 175		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84121		

NAME:	RICHARD K WHITNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	624 9TH ST		
CITY/ST/ZIP/CO:	MANHATTAN BEACH, CA 90266		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BAUMER DIRECTOR 1111 SANTA MONICA BLVD. SUITE 2000 LOS ANGELES, CA 90025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALYSE WAGNER DIRECTOR 1111 SANTA MONICA BLVD. SUITE 2000 LOS ANGELES, CA 90025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENNETT ROSENTHAL DIRECTOR 2000 AVENUE OF THE STARS 12TH FLOOR LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAV RAHEMTULLA DIRECTOR 2000 AVENUE OF THE STARS 12TH FLOOR LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DOUG WARRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUG WARRICK, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/18/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			