W 61662	Due no later than Apr 30, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA
to: TARY OF STATE 4th STREET X 83720 , ID 83720-0080 ING FEE IF VED BY DUE	1. Mailing Address: Correct in this box if needed. ARAMARK HEALTHCARE SUPPORT SERVICES, LLC PATRICIA RAPONE 1101 MARKET ST PHILADELPHIA PA 19107	3. New Registered Agent Signature.

ited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

ger or Member	Name	Street or PO Address	City	State	Country	Postal Code
r ☐ Member ☒	Aramark Services, Inc.,	1101 Market St.	Philadelphia	PA		19107 USA
r ☐ Member ☐						
r ☐ Member ☐						
r ☐ Member ☐						

ized Under the Laws of:
DELAWARE
W 61662

5.
Signature:
Date:
Name (type or print):
Lucy Kline
Title:
Licensing Specialist

/20/2016 by online
122461

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the iling address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the ddress must be inside Block 1.

To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office stered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Only a new registered agent must sign in Block 3.

Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not address in Block 1. If more space is needed please add an attachment.

lay not be altered through the use of this form.

he annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of elow the signature.

age of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.

d liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited pany to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

ment is incorrect, is there a telephone number to reach you for corrections? ____/_____

POSTMARK DATES WILL NOT BE ACCEPTED