

No. W 32017		Due no later than Jul 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. VARSITY HOSPITAL SERVICES, LLC ARLO LUKE PO BOX 1692 POCATELLO ID 83204		ARLO LUKE 315 S 5TH AVE POCATELLO ID 83204			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ARLO LUKE	315 S 5TH AVE	POCATELLO	ID	USA	83201	
MANAGER	KENNETH FLORES	15303 TRADESMAN DR	SAN ANTONIO	TX	USA	78249	
5. Organized Under the Laws of: ID W 32017		6. Annual Report must be signed.* Signature: Arlo D Luke Name (type or print): Arlo D Luke					
		Date: 07/02/2009 Title: Manager					
Processed 07/02/2009		* Electronically provided signatures are accepted as original signatures.					