No. **W 61662**	**Due no later than Apr 30, 2014** **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.** ARAMARK HEALTHCARE SUPPORT SERVICES, LLC PATRICIA RAPONE 1101 MARKET ST PHILADELPHIA PA 19107	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New 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
MEMBER	ARAMARK CORPORATION	1101 MARKET ST	PHILADELPHIA	PA	USA	19107

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 61662**	Signature: Patricia Rapone	Date: 05/01/2014
	Name (type or print): Patricia Rapone	Title: Vp Authorized Signatory

Processed 05/01/2014

* Electronically provided signatures are accepted as original signatures.