

No. W 61662	Due no later than Apr 30, 2015 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			
			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
MEMBER	ARAMARK CORPORATION	1101 MARKET ST	PHILADELPHIA	PA		19107
5. Organized Under the Laws of: DE W 61662		6. Annual Report must be signed.* Signature: SIGNATORY Date: 05/04/2015 Name (type or print): SIGNATORY Title: VP AUTHORIZED SIGNATORY				
Processed 05/04/2015		* Electronically provided signatures are accepted as original signatures.				