No. W 61630	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
eturn to: ECRETARY OF STATE 50 N 4th STREET O BOX 83720 OISE, ID 83720-0080 O FILING FEE IF ECEIVED BY DUE ATE	1. Mailing Address: Correct in this box if needed. ARAMARK EDUCATIONAL SERVICES, LLC PATRICIA RAPONE 1101 MARKET ST PHILADELPHIA PA 19107	3. New Registered Agent Signature.

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
anager ☐ Member ☒	Aramark Educational Group, LLC, 1101 Market St., Philadelphia, PA 19107 USA					
anager ☐ Member ☐						
anager ☐ Member ☐						
anager ☐ Member ☐						

Organized Under the Laws of:	6. Signature:	Date:
DELAWARE W 61630	Name (type or print): Lucy Kline	Title: Licensing Specialist

ed 04/20/2016 by online 133916

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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

k 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office e registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

k 3: Only a **new** registered agent must sign in Block 3.

k 4: Check either **Member** or **Manager.** Enter names and business addresses of managers or members of the limited liability pany. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not ct the address in Block 1.** If more space is needed please add an attachment.

k 5: May not be altered through the use of this form.

k 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of igner below the signature.

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

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

document is incorrect, is there a telephone number to reach you for corrections? 1/[redacted]

POSTMARK DATES WILL NOT BE ACCEPTED