No. **W 32017**

Due no later than July 31, 2005
Annual Report Form

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 applicable

VARSITY HOSPITAL SERVICES, LLC
ARLO LUKE
PO BOX 1692
POCATELLO, ID 83204

2. Registered Agent and Office **NO PO BOX**

ARLO LUKE
315 S 5TH AVE
POCATELLO, ID 83204

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Arlo Luke	315 So 5th Ave PO Box 1692	Pocatello "	ID "	83201 83204
Manager	Kenneth Flores	15 303 Tradesman Dr.	San Antonio	TX	78249

5. Organized Under the Laws of:
IDAHO
W 32017

6.
Signature _____ Date _____
Name (Typed or Printed) Arlo Luke Title Manager

Issued 05/02/2005

Do Not Tape or Staple

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