

No. <b>W 32017</b>		<b>Due no later than Jul 31, 2007</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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	83201		
MANAGER	KENNETH FLORES	15303 TRADESMAN DR	SAN ANTONIO	TX	78249		
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 32017</b>		6. Annual Report must be signed.*  Signature: Arlo Luke Name (type or print): Arlo Luke  Date: 05/18/2007 Title: Member					
Processed 05/18/2007 * Electronically provided signatures are accepted as original signatures.							