

No. W 32017		Due no later than Jul 31, 2007		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. 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: IDAHO W 32017		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.			